

BOROUGH OF RHONDDA



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
BOROUGH SCHOOL MEDICAL OFFICER
FOR 1963

R. B. MORLEY-DAVIES,
M.B., B.CH., B.SC., D.P.H.

R H O N D D A B O R O U G H C O U N C I L

HEALTH AND WELFARE DEPARTMENT

A N N U A L R E P O R T

1 9 6 3

R. B. MORLEY-DAVIES

M.B., B.Ch., B.Sc., D.P.H.

Medical Officer of Health.



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H E A L T H C O M M I T T E E

THE MAYOR - Councillor J. Gwyn, J.P.

CHAIRMAN:-

Councillor Ll. Davies.

MEMBERS:-

Alderman E. J. Williams

Councillor (Mrs.) G. Ellis

" D. Murphy

" Ll. Davies

" C. M. Parfitt, J.P.

" A. Williams

" T. R. Davies

" C. J. Thomas

" I. Williams

" W. G. Phillips

" R. Matthews

" C. R. Powell

" L. G. Jones

AND THE CHAIRMAN OF FINANCE COMMITTEE - Councillor B. J. Jones.

H O U S I N G C O M M I T T E E

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" C. J. Thomas

" W. G. Phillips

" R. Matthews

" C. R. Powell

" L. G. Jones.

AND THE CHAIRMAN OF FINANCE COMMITTEE - Councillor B. J. Jones.

RHONDDA HEALTH AND WELFARE SERVICES COMMITTEE

The Mayor - Councillor J. Gwyn, J.P.

Chairman - Alderman S. Mitchell, O.B.E., J.P.

All members of the Borough Council:-

Alderman E. J. Williams

" E. M. Davies.

" G. L. Wales, O.B.E., J.P.

" A. Davies.

" D. Murphy.

" (Mrs.) E. Jones.

" L. B. Rothero.

" I. Williams.

" (Mrs.) C. M. Parfitt, J.P.

" T. R. Davies.

Councillor J. H. Lewis.

" (Mrs.) G. Ellis.

" I. I. Jones.

" W. D. Hughes.

" T. J. Davies.

" Ll. Davies.

" J. G. Elias.

" W. I. C. Bowen.

" A. Williams.

" D. L. Thomas.

" B. J. Jones.

" C. J. Thomas.

" W. G. Phillips

" F. S. Tudball.

" S. H. L. Jones.

" (Mrs) M. Davies.

" C. E. Winter.

" J. S. Morris.

" W. D. Jones.

" (Mrs.) A. Powell.

" R. Matthews.

" (Mrs.) O. J. Leebrook.

" R. D. Jayne.

" J. H. Warren-Morgan.

" S. H. McEllistrim.

" J. I. Evans.

" C. R. Powell.

" T. M. Brookes.

" D. J. Davies.

" L. G. Jones.

" D. E. Hughes.

" C. G. Carroll.

Co-opted Members:-

Mrs. G. Burton.

Mrs. P. H. Gard.

Mrs. E. Richards.

Mrs. A. M. Vaughan.

Mrs. " G. Williams.

Mrs. C. M. Wiltshire.

Staff of the
Health and Welfare Department.

Medical Officer of Health

R. B. Morley-Davies, M.B., B.Ch., B.Sc., D.P.H.

Deputy Medical Officer of Health

* Eileen G. Watkins, M.B., B.Ch., B.A.O., D.P.H. (to 8.12.63.)
Dr. J. P. J. Clarke, M.B., B.Ch., D.P.H. (from 9.12.63.)

Senior Assistant Medical Officer

Gladys D. Davies, M.R.C.S., L.R.C.P. (to 31.12.63.)

Assistant Medical Officers

Joy A. Mason, M.B., B.Ch.,
* Alexander C. Stewart, M.B., B.Ch., D.P.H. (to 16.4.63.)
* John P. J. Clarke, M.B., Ch.B. (to 8.12.63.)
* Peter M. Brown, M.B., B.Ch.,
W. Brian Davies (from 9.12.63.)

Sessional Medical Officers

* Jeanne G. Mason, M.B., B.Ch., B.Sc.
* Honora C. Osborn, M.B., B.Ch.,
Jane Williams (from 21.10.63.)

* Also engaged in School Health Service.

Specialist Officers - Part Time.

Consultant Obstetrician and Gynaecologist

R. G. Maliphant, M.D., M.R.C.P., F.R.C.S.

Consultant Orthopaedic Surgeon.

Nathan Rocyn Jones, M.D., F.R.C.S.

Area Dental Officer

T. Arfron Williams, L.D.S., R.C.S. (from 1.10.63.)

Dental Surgeon - Sessional

Alun R. Owen, L.D.S., R.C.S.

Dental Auxiliary

Miss Sonia Paget (from 1.10.63.)

Chief Public Health Inspector	(b.c.d.) C. J. Bumford (Telephone No: Pentre 3269).
District Public Health Inspectors	Telephone No.
(b.c.) R. M. Lewis	Ferndale 363.
(b.c.) H. G. Thomas	Pentre 2276
(b.c.) J. Williams	Porth 2142.
(b.c.) G. Llewellyn	Pentre 2319
(b.c.) V. L. Bryant	Tonypandy 3055
(b.c.) D. L. Davies (part year)	Maerdy 277.
(b.c.) N. Griffiths	Pentre 2460
(b.c.) W. J. Gwyn (part year)	Porth 2217
(b.) B. Howells	Pentre 2410
(b.) I. Williams	Tonypandy 2302
(b.) C. R. Morgan (part year)	Pentre 3375
Shops Inspectors	
(b.c.) H. G. Price	Ferndale 509
(b.c.) W. R. Thomas	Porth 2309.
Meat Inspector	
(b.c.) W. J. Gwyn (part year)	Porth 2217
Pupil Public Health Inspectors	
C. R. Morgan (part year)	P. H. D. Kavanagh
Public Analyst (part time) (part year)	D. Evans Jones, M.Sc., F.R.I.C.
" " (part time) (part year)	A. R. Phillips, B.Sc., F.R.I.C.

Rodent Control :-

Supervisor

J. M. Williams

Operatives :-

W. Jones

D. John

L. I. Wynne

R. Morgan

H. G. Evans

W. J. Evans

G. Loxton

E. Rowlands

Driver/Handyman

G. Cook

NOTES

- (a) Holds the Public Health Inspectors' Certificate granted by the Royal Society of Health.
- (b) Holds the Public Health Inspectors' Certificate granted by the Royal Society of Health and Public Health Inspectors' Education Board.
- (c) Holds the Meat Inspectors' Certificate granted by the Royal Society of Health.
- (d) Holds the Certificate in Sanitary Science granted by the Royal Society of Health.

Divisional Superintendent Health Visitor/School Nurse.

Miss M. Betty Owen, a.b.c.d.

Health Visitors/School Nurses.

Ward

- 1 Mrs. Margaret Moore, a.b.c.
- 1 Mrs. Birwen Jones, a.b.c.
- 2 Miss Catherine A. Watkins, a.b.c.
- 2 Miss Betty Roberts, a.b.c.
- 3 Miss Blodwen Davies, a.b.c.
- 3/4 Mrs. Margaret Jones, a.b.c.

- 5 Miss Evelyn B. Henshaw, a.b.c.
- 5 Miss Martha Jones, a.b.c.
- 6 Miss Rita Savile, a.b.c.
- 7 Miss Mary Griffiths, a.b.c.
- 7 Miss Iris M. Fennell, a.b.c.d.
- 8 Miss Ada Jackson, a.b.c.
- 8 Mrs. Gwendoline Hatton, a.b.c.
- 9 Miss Rosa E. Jones, a.b.
- 6/9 Miss H. Myra Thomas, a.b.
- 10 Mrs. Gwendoline Williams, a.b.c.d.
- 10 Mrs. Gwyneth M. Griffiths, a.b.c.
- 11 Miss Catherine Davies, a.b.c.d.
- 11 Miss Louvaine Nicholas, a.b.c.

Health Visitor seconded to Medical Research Council

Mrs. Glenys Rees, a.b.c.d.

Senior Physiotherapist

Mrs. Martha Edwards, M.C.S.P., Orthopaedic Nursing Certificate.

County Chiropodist

Mr. L. G. Burland, M.Ch.S. (to 14.7.63.)

Senior Chiropodist

Mr. A. L. James, M.Ch.S., S.R.N. (from 15.7.63.)

Sessional Dental Attendant

Mrs. Iris Trow

Mental Health Service

Health Welfare Officers

Mr. E. J. Powell, S.R.M.N. Tel. No. Pentre 3317

Mrs. Janet Wilkins, S.R.M.N. Tel. No. Pentre 2370

Occupation and Training Centre

Mr. D. T. James, R.N.M.S.	- Supervisor
Mr. S. Fearnside	- Senior Assistant Supervisor
Mrs. D. Castling	- Assistant Supervisor
Mrs. A. M. Williams, Q.T.	- do.
Mrs. M. M. James, S.R.N.	- do.
Mrs. M. M. Evans, S.R.M.N.	- do.
Mrs. G. Roderick	- do.
Mrs. I. E. M. Nicholas	- Kitchen Help
Mrs. F. M. Froud	- Cleaner in Charge.

Divisional Non-Medical Supervisor of Midwifery and Home Nursing.

Miss Iris H. Jones, a.c.d.e.

Tel. No. Pentre 3270

Midwives

<u>District</u>		<u>Telephone No.</u>
Blaenrhondda; Blaenycwm; Tynewydd.	Mrs. S. M. Taylor-Price, a.c.	Pentre 2485.
Treherbert; Ynyswen.	Mrs. Carrie Thomas, a.c.	Pentre 3293
Cwmparc; Treorchy.	Miss Elizabeth J. Jones, c.	Pentre 2024
Pentre; part Treorchy.	Miss Elizabeth Hanney, a.c.	Pentre 2190
Ystrad; Llwynypia.	Mrs. Irene Morris, a.c. (to 31.3.63.)	
Ystrad; Llwynypia. (Cont.)	Mrs. E. M. Jones (from 8.5.63.)	
Ton Pentre; Gelli.	Mrs. Janet M. Davies, a.c.	Pentre 2142
Clydach Vale; Blaenclydach.	Mrs. Mavis Osborne, a.c.	Tonypandy 2365
Trealaw.	Mrs. Maisie Evans, a.c.	Tonypandy 3183
Penygraig; Tonypandy.	Miss Gladys E. Lewis, a.c. (to 31.10.63.)	Tonypandy 3058
Penygraig; Tonypandy.	Miss C. M. Mathews (from 18.12.63.)	
Penrhiwfer; Williamstown - part Penygraig.	Mrs. Susannah M. John-Davies, c	Tonypandy 3116
Trebanog; Cymmer; Dinas, Britannia	Mrs. Evelyn C. Thomas, c. (to 3.2.63.)	Porth 133
Trebanog; Cymmer; Dinas, Britannia	Mrs. A. Watkins (Relief from 4.2.63.)	
	Mrs. M. D. Trow (from 15.7.63 to 31.12.63.)	
Porth; Llwyncellyn; Trehafod	Miss Gwyneth P. Morgan, c.	Porth 335
Wattstown; Ynyshir	Miss Hilda M. Davies, c.	Ferndale 210
Tylorstown; Stanleytown	Mrs. Florence M. Lane, a.c.	Ferndale 181
Pontygwaith	Mrs. Ann Owen (from 8.4.63.)	Ferndale 373
Ferndale; Blaenllechau	Mrs. Teifwen Thomas, a.c.	Ferndale 8

<u>Relief Home Nurse/Midwife.</u>		<u>Telephone No.</u>
Upper Rhondda Fawr	Miss Maria Timothy, a.c.	Treherbert 389
<u>Home Nurses.</u>		
Blaenycwm, Blaenrhondda; Tynewydd.	Miss M. E. Herbert, c.f. (to 21.8.63) Mrs. E. B. Jones (from 22.8.63)	Treherbert 272 Porth 2430
Treherbert; Ynyswen	Mrs. Hannah Griffiths, a.c.	Pentre 2333
Treorchy.	Mrs. Phyllis M. Evans, a.	Pentre 3265
Cwmparc; part Treorchy.	Mrs. Mary B. Jeremiah, a.	Pentre 2471
Pentre; part Ystrad.	Mrs. Dilys Mathews, a (to 27.9.63) Miss V. Taylor (from 28.9.63)	Pentre 2173 Pentre 3430
Ton Pentre; Gelli; part Ystrad.	Mrs. E. Elias, a.	Pentre 3348
Part Ystrad; Pontrhondda; Sherwood.	Mrs. B. M. Thomas, a.	Tonypandy 2055
Clydach Vale; Blaenclydach;	Mrs. Florence M. Evans, a.	Tonypandy 2274
Tonypandy; part Llwynypia.	Mrs. Katie E. Fearnside, a.	Tonypandy 3301
Trealaw.	Mrs. Florence M. Roberts, a.c.	Tonypandy 3132
Penysraig; Dinas.	Mrs. Kathleen M. Lloyd, a.	Tonypandy 2156
Edmundstown, Penrhiwfer; Williamstown.	Mrs. Margaret McCarthy, a.	Tonypandy 2243
Trebanog; Cymmer; Britannia; Trehafod.	Mrs. Ivy Evans, a.	Porth 2274
Porth	Mrs. Tydfil Wood, a.	Porth 2592
Ynyshir Wattstown.	Miss Enid W. Shelley, a.	Porth 2349
Tylorstown, Stanleytown; Pontygwaith.	Mrs. M. Armstrong, a.	Ferndale 451
Ferndale; Blaenllechau.	Mrs. Blodwen Michael, a.	Ferndale 288
Maerdy.	Mrs. O. I. Lewis, a.	Maerdy 210

Regular Part-time Relief Home Nurses.

Mrs. Tegwedd Bates, a.

Mrs. Violet J. Bassett, a (to 25.10.63)

Mrs. Lilian G. Jones, a.

Mrs. Morfydd Lewis, a.c.

Mrs. Edith Jones, a.

Mrs. Evelyn Bridge, a. (to 20.8.63)

Mrs. D. I. Arundel (from 20.11.63)

Mrs. D. Harding (from 6.11.63)

Mrs. Ann Faulkner (from 24.9.63)

Home Help Service

Organiser

Miss Mary E. Bowen, a.c.

Home Helps

On the 31st December, 1963, the staff consisted of 129 home helps, viz.,

<u>Full-time.</u>	<u>Regular Part-time</u>	<u>Casual</u>	<u>Total</u>
1	85	43	129

Notes.

- a. State Registered Nurse
- b. Health Visitor's Certificate
- c. State Certified Midwife
- d. State Registered Fever Nurse
- e. Queen's Nursing Certificate
- f. State Enrolled Nurse

Caretaking and Cleaning Staff.

Welfare Centre or Clinic.

Carnegie Welfare Centre

David T. Williams and (Joint)
Mrs. Beatrice M. Williams (caretakers)

Mrs. M. Bulley and (Cleaners)
Mrs. O. Harcombe

Ferndale (including Mortuary)

Cyril Kinsey

Ynyswen

Mrs. Emmiline Williams

Ystrad

Francis H. Stubbs

Ynyshir

Thomas A. Bilcliff

Court House

Miss Gwladys Davies

Penygraig

Mrs. G. Norton.

Telephone Numbers.

Health Office

Pentre 3008

Ynyswen Clinic

Pentre 2293

Ystrad Clinic

Pentre 3254

Court House Clinic

Tonypandy 3376

Penygraig Clinic

Tonypandy 2383

Carnegie Welfare Centre

Porth 2191

Ynyshir Clinic

Porth 271

Ferndale Clinic

Ferndale 533

Trealaw Training Centre

Tonypandy 3046

Social Welfare Officers to the Generally Handicapped

Mrs. E. Evans

Mr. T. T. John

Mr. R. Morgan

Miss J. M. Roberts

Mrs. G. Williams

Trainee - Miss E. M. P. Thomas.

Home Teachers of the Blind

Mr. R. Searle

Mr. E. N. Jones

Mrs. J. Davies

Miss J. Ward

Welfare Assistant - Mr. E. G. Williams
Trainee Social Welfare Officer (General) - Mr. D. Philpott
Social Welfare Officer to the Deaf (Part Time) - Mr. P. Dalladay
Assistant Technical Officer (Part Time) - Mr. A. Cannon.

C L E R I C A L S T A F F

(a) Borough Health Department

Chief Clerk	S. Davies
Senior Clerical Assistant	W. John
W. C. Jones	Miss M. E. Davies
P. T. Goodridge	Miss M. Sherlock
D. Jones	Miss P. A. Eaves
D. Hughes (part year)	Mrs. S. A. Morris
	Miss D. A. Rowlands
	Miss M. Clark (part year)

Epidemiological Section

Public Health Inspector (b.c.) J. G. Evans -
Telephone No. Tonypany 2239.

Miss R. Davies	Miss D. J. Hands
Miss J. Davies	Mrs. R. Lawrence (part year)

(b) Health Services Section

Administrative

David H. Evans, D.P.A., D.M.A. (Chief Clerk)
Islwyn Jones.

Clerical

John Burgess	Mrs. Marion Gough (part year)
A. Gwyn Evans	Allan Wright
Russell H. Taylor	Mrs. Maureen Evans (part year)
Miss Ann Jones	Miss Ann Crosby
Alun Jones	Miss Hazel Brown
Allan Marsh	Miss Patricia Davies
Mrs. Patricia Pensom (part year)	Mrs. E. C. Davies

Miss L. Middle (part year)
Miss Joan Morgan (part year)
Miss V. Davies (part year)
Miss M. Roberts (part year)

Miss Janet Isaacs (part year)
Miss Marilyn Brunt (part year)

Food Sales Clerk

Miss Doris Jones, d.

(c) Welfare Services Section

Area Clerk - Mr. I. Roderick, B.A. (part time)

Senior Social Welfare Officer - Mr. J. T. Williams, A.C.C.S., D.M.A.

General Division Officer - Miss M. Hughes

Shorthand/Typist - Mrs. M. Griffiths.

C O N T E N T S

<u>ENVIRONMENTAL HEALTH SERVICES</u>	<u>Page</u>
Statistical Summary	2
Population	5
Births	5
Infant Mortality	5
Deaths	6
Water Supply	11
Drainage and Sewerage	12
Closet Accommodation	12
Public Cleansing	12
Sanitary Inspection of the Area	13
Slum Clearance - House-to-House Survey	14
Premises and Occupation Controlled by Byelaws, Regulations or Orders	15
Common Lodging-houses	15
Shops	16
Factories	17
Rag Flock and Other Filling Materials Act, 1951	19
Air Pollution	19
Swimming Baths	21
Eradication of Bed Bugs	21
Rats and Mice Destruction	21
Public Mortuaries	24
Dealers in Old Metal and Marine Store Dealers	24

	<u>Page</u>
Legal Proceedings	24
Applications for the Tenancy of Council Houses	26
Nuisances and Defects remedied	28A
Housing Statistics	31
Rent Act	33
Slum Clearance	34
Milk	35
Ice-Cream	36
Meat	37
Other Foods	38
Unsound Food	39
Food and Drugs Act	39
Clean Food Campaigns	43
Laboratory Facilities	48
Hospital Facilities	48
National Assistance Act, 1948	48
Disinfection	48

PERSONAL HEALTH SERVICES

	<u>Page</u>
INTRODUCTION	49
Statistics - Mothers and Infants	52
Care of Mothers and Young Children	55
Prematurity	56
Infant Welfare Clinic	60
Welfare Foods	62
Physiotherapy	63
Dental Service	64
Congenital deformities	65
Midwifery Service	66
Health Visiting Service	68
Home Nursing Service	70
Vaccination and Immunisation	71
Prevention of Illness, Care and After care	76
Health Education	77
Smoking and Health	77
Prevention of Accidents	82
Prevention of Break-up of Families	83
Tuberculosis	85
Chiropody Service	87
Medical Comforts	89
Home Help Service	90
Care of the Aged	96
Mental Health Services	97

WELFARE SERVICES

	<u>Page</u>
Foreword	102
Residential Accommodation for the Aged	103
Residential Accommodation for Disabled and Handicapped Persons	105
Temporary Accommodation	106
The Generally Handicapped	108
Home Visiting Service	111
Social Handicraft Centres	114
Social Amenities for the Handicapped	117
Handicrafts for handicapped persons	118
Aids to overcome Handicaps	119
Adaptations to Homes	119
Welfare of the Deaf and Hard of Hearing	120
Welfare of the Blind and Partially Sighted	121
Home Teaching of the Blind	123
Placement of Blind Persons in "Open" Employment	123
Aids for the Blind	124
Wireless for the Blind	125
Holidays for Blind Persons	126
Social/Handicraft Centres for Blind	127
Glamorgan County Blind Welfare Association	127

T A B L E S

ENVIRONMENTAL HEALTH SERVICES

	<u>Page</u>
Table 1 Deaths of infants under 1 year	5
Table 2 Distribution of deaths into short list by cause and age group, together with a gross division by sex	6
Table 3 Deaths by age, sex and month of occurrence	8
Table 4 Deaths by age, sex and place of occurrence (Home or Hospital)	9
Table 5 Percentage of deaths occurring in hospital by age and sex	9
Table 6 Causes of death (S.D.30 - Registrar - General)	10
Table 7 Average daily consumption of water	11
Table 8 Closet Accommodation	12
Table 9 Details resulting from sanitary inspection of area	13
Table 10 Distribution of premises and occupations controlled by byelaws, regulations or orders	15
Table 11 Details of Shops and employees	16
Table 12 Premises affected by the Factories Act, 1937	17
Table 13 Details of inspection of premises to which Factories Act applies	18
Table 14 Details of defects found in premises to which Factories Act applies	18
Table 15 Details of outwork in area	19
Table 16 Air Pollution - Daily mean concentration of smoke	20
Table 17 Prevention of damage by Pests - Surface	22
Table 18 Protection and treatment of sewers against pests	23
Table 19 Proceedings under the Public Health Act, 1936	25
Table 20 Distribution by ward and zone of origin of applicants for tenancy of Council houses	26
Table 21 Applicants at successive annual reviews for each zone and number of new houses becoming available per year	27
Table 22 Localities of new houses passed for occupation by Council	28

	<u>Page</u>
Table 23 Houses erected by Council, 1945-61	28
Table 24 Housing defects remedied	28a
Table 25 Summary of Housing Statistics	31
Table 26 Summary of Applications for and cancellation of Certificates of Disrepair	33
Table 27 Slum Clearance... ..	34
Table 28 Details of licences issued to use special designations in relation to milk	36
Table 29 Inspection of carcasses of animals slaughtered in the district	37
Table 30 Percentages of the number of carcasses inspected affected with Tuberculosis, 1951-61	38
Table 31 Principal articles of food condemned	39
Table 32 Samples of food or drugs submitted to Public Analyst for examination	40
Table 33 Details of non-genuine samples reported upon by Public Analyst	42
Table 34 Infectious diseases notified	45 and 46
Table 35 Distribution by age-group and sex of new notifications and deaths from Tuberculosis during 1961	47

Personal Health Services

Page

Table 36	Vital Statistics, Mothers and Infants	52
Table 37	Ante-natal clinics	53
Table 38	Attendances at ante-natal clinics 1963	54
Table 39	New Patients at Womens Clinic	55
Table 40	Frequency of Prematurity	57
Table 41	Frequency of Prematurity	57
Table 42	Frequency of Prematurity	58
Table 43	Survival of premature infants	59
Table 44	Place of birth of premature infants	60
Table 45	Infant Welfare clinics	60
Table 46	Number of Infants attending Clinics	61
Table 47	Sale of Welfare Foods	63
Table 48	Work done by Physiotherapist	64
Table 49	Dental care	64
Table 50	Forms of dental treatment provided	65
Table 51	Certain midwifery statistics	68
Table 52	Health visiting statistics	69
Table 53	Visits by Home Nurses	71
Table 54	Vaccination against smallpox during 1963	72
Table 55	Vaccination against Poliomyelitis 1956-1963	73
Table 56	Vaccination against Poliomyelitis 1956-1963....	74
Table 57	Immunisation against Diphtheria, Whooping Cough and Tetanus	75
Table 58	Total number of children immunised	75
Table 59	Bronchitis 1956 - 1963	78
Table 60	Lung Cancer 1956 - 1963	78

	<u>Page</u>
Table 61 Accidents in the Home 1963 - Males 	82
Table 62 Accidents in the Home 1963 - Females 	83
Table 63 Notified Respiratory Tuberculosis 1960 - 1963 	85
Table 64 B.C.G. Vaccination 	87
Table 65 Persons receiving chiropody treatment 	88
Table 66 Chiropody case load at end of 1963 	88
Table 67 Medical Comforts 	89
Table 68 Home-Help Service 1956-1963 Type of case assisted 	90
Table 69 Home-help service - England, Wales and Rhondda 	91
Table 70 Cases assisted by home-help 1956 - 1963 ...	91
Table 71 Ratio of Householders to each Home Help - Aged Infirm and Chronic Sick 	92
Table 72 Ratio of Householders to each Home Help - All householders 	92
Table 73a Classification of cases aged 65 and over ...	93
Table 73b Classification of Blind cases 	94
Table 73c Classification of Mental Health cases 	94
Table 73d Classification of Tuberculosis cases 	95
Table 73e Classification of Acute Sick cases 	95
Table 73f Classification of Chronic Sick cases 	96
Table 74 Number of Mentally Handicapped Patients ...	99
Table 75 Number of mentally ill persons 	100
Table 76 Patients referred to Local Health Authority - Mentally Ill 	100
Table 77 Patients referred to Local Health Authority - Subnormal, Severely Subnormal 	101
Table 77a Community care visits undertaken by Health Welfare Officers 	101

WELFARE SERVICES

Page

Table 78	Accommodation at Fairfield	103
Table 79	Admissions and discharges from Fairfield ...	103
Table 80	Residents at Fairfield by age-group	104
Table 81	Distribution of persons on Handicapped Register	108
Table 82	Persons on Handicapped Register by age and sex	109
Table 83	Persons on Register by disability	109
Table 84	Persons on Register by disability	110
Table 85	Home Visiting Service for handicapped	112
Table 86	Social Handicraft Centres - Generally Handicapped	114
Table 87	Social Handicraft Centres - Blind	115
Table 88	Social Handicraft Centres - Deaf and Hard of Hearing	115
Table 89	Issues made to Handicapped	118
Table 90	Aids issued to Handicapped Persons	119
Table 91	Case Load of Social Welfare Officer for Deaf	121
Table 92	Notifications of Suspected Blindness	122
Table 93	Register of Partially Sighted	122
Table 94	Blind Persons in Employment	124
Table 95	Wireless for the Blind	125
Table 96	Temporary Accommodation. Applications during year ended March, 1963 ...	129
Table 97	Register of Blind Persons	130
Table 97a	New Registration of Blind	130
Table 98	Blind children under 16	131

	<u>Page</u>
Table 99 Education, Training and Employment of Blind ...	132
Table 100 Occupations of Employed Blind Persons	133
Table 101 Blind persons resident in homes	134
Table 102 Partially sighted persons on Register	135
Table 103 New Registrations of Partially Sighted persons	135

Public Health Department,
Tydfil House,
Pentre, Rhondda.

31st July, 1965.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH OF RHONDDA

Mr. Mayor, Ladies and Gentlemen,

Herewith my Annual Report for 1963.

Once again this Report deals with all the functions of the Health and Welfare Department, i.e. the Environmental Services, the Personal Health Services, the Welfare Services and the School Health Service.

The work of these Sections was greatly facilitated by the interest of members and the co-operation of the chief officials of other Departments.

The Staff of my own Department continued to give me their support and assistance during the year.

Yours sincerely, ..

R. B. MORLEY-DAVIES.

Medical Officer of Health.

B O R O U G H O F R H O N D D A

STATISTICAL SUMMARY FOR THE YEAR 1963.

Area	...	...	...	...	...	...	...	...	...	...	23,886 acres
Population (Census 1961)	...	...	...	...	...	...	...	...	...	...	100,314
Population (Estimate as at mid-year 1963)	...	...	...	...	...	...	...	...	...	...	100,100
Population (Estimate as at mid-year 1962)	...	...	...	...	...	...	...	...	...	...	100,390
Decrease in Estimated population 1962 - 1963	...	...	...	...	...	...	...	...	...	...	290
Estimated number of inhabited houses	...	...	...	...	...	...	...	...	...	...	29,329

	<u>Males</u>	<u>Females</u>	<u>Total</u>	<u>Rate per 1,000 population</u>
Live Births (as per S.D.52)	855	785	1,640	16.38

(Comparability Factor of 1.03 gives Adjusted Birth Rat = 16.87 per 1,000)
(No. of Live Births notified during 1963 was - 1,589)

				<u>Rate per 1,000 live and stillbirths</u>
Stillbirths (as per S.D.52)	28	24	52	30.73
Total live and stillbirths	883	809	1,692	-

				<u>Rate per 1,000 live births</u>
--	--	--	--	---------------------------------------

Infant Deaths (as per S.D.52)

Under 1 year

Total	...	...	...	...	29	16	45	27.44
Legitimate	...	...	...	...	29	16	45	
Illegitimate	...	...	...	...	-	-	-	

Neo-natal Deaths (as per S.D.52)

<u>Under 4 weeks</u>	...	...	19	13	32	19.51
----------------------	-----	-----	----	----	----	-------

Illegitimate live births - 51, which is 3.11 per cent. of total live births.

	<u>No.</u>	<u>Rate per 1,000 live and stillbirths</u>
Maternal Deaths (including abortion)	ONE	.59

	<u>Males</u>	<u>Females</u>	<u>Total</u>	<u>Rate per 1,000 population</u>
Deaths (Registrar-General's Return - S.D.25)	752	598	1,350	13.49

(Adjusted Death Rate - 15.51).

Deaths (Registered in District)	747	597	1,344
---------------------------------	-----	-----	-------

GLAMORGAN (ADMINISTRATIVE COUNTY) - VITAL STATISTICS, 1963.

		Estimated Population 1963.	BIRTHS.			DEATHS.			INFANT MORTALITY.		NEO-NATAL MORTALITY.	
			Number of Births.	Rate per 1,000 population.		Number of Deaths.	Rate per 1,000 population.		Deaths under 1 year.	Rate per 1,000 Live Births.	Deaths under 4 weeks.	Rate per 1,000 Live Births.
				Crude	Adjusted		Crude	Adjusted				
England and Wales			856,276	18.20	—	572,484	12.20	—	17,870	20.90		
Administrative County		752,250	13,258	17.62	17.97	9,519	12.65	14.55	364	27.46	259	19.54
Urban Districts		526,190	9,188	17.46	17.98	6,799	12.92	14.99	256	27.86	177	19.26
Rural Districts		226,060	4,070	18.00	18.18	2,720	12.03	13.47	108	26.54	82	20.15
Health Division.												
Constituent Districts.												
Aberdare and		39,000	605	15.51	16.91	661	16.95	17.63	19	31.40	13	21.49
Mountain Ash.		29,540	518	17.54	17.54	416	14.08	17.04	15	28.96	9	17.37
Caerphilly and		36,560	689	18.85	18.47	415	11.35	14.76	18	26.12	13	18.86
Gelligaer.		35,030	675	19.27	19.27	425	12.13	15.77	26	38.52	16	23.70
Mid Glamorgan		15,130	247	16.33	16.82	140	9.25	10.18	5	20.24	4	16.19
		21,790	388	17.81	18.52	271	12.44	15.43	10	25.77	8	20.62
		21,010	413	19.66	20.25	266	12.66	15.70	12	29.06	7	16.95
		11,520	185	16.06	18.47	178	15.45	12.98	8	43.24	7	37.84
		43,120	916	21.24	20.39	549	12.73	12.86	20	21.83	16	17.47
Neath and		30,630	500	16.32	16.97	411	13.42	14.36	15	30.00	9	18.00
District.		40,840	651	15.94	16.58	497	12.17	14.97	27	41.47	20	30.72
Pontypridd and		27,300	528	19.34	18.37	258	9.45	12.29	16	30.30	14	26.52
Llantrisant.		35,400	625	17.66	18.01	495	13.98	14.12	18	28.80	14	22.40
Port Talbot and		9,440	212	22.46	21.79	112	11.86	18.03	11	51.89	5	23.58
Glyncoirwg.		51,510	967	18.77	18.58	506	9.82	13.55	22	22.75	16	16.55
South East		42,240	817	19.34	19.92	482	11.41	12.78	15	18.36	11	13.46
Glamorgan.		50,880	926	18.20	17.65	614	12.07	11.35	18	19.44	12	12.96
		1,110	28	25.22	25.47	13	11.71	12.18	—	—	—	—
		20,180	388	19.23	20.58	172	8.52	14.06	9	23.20	6	15.46
		20,890	331	15.84	17.11	289	13.83	13.14	2	6.04	2	6.04
West Glamorgan.		13,080	217	16.59	18.08	175	13.38	13.38	7	32.26	6	27.65
		25,290	348	13.76	14.72	369	14.59	16.05	15	43.10	11	31.61
		30,660	444	14.48	16.36	455	14.84	15.73	11	24.77	8	18.02
Rhondda M.B.		100,100	1,640	16.38	16.87	1,350	13.49	15.51	45	27.44	32	19.51

S E C T I O N I .

GENERAL AND VITAL STATISTICS

Population

The Registrar-General's estimate of the mid-year population of the Borough in 1963 showed a decrease of 290 over that of the previous year though there was still a natural increase of 290.

Births

Live births notified during 1963 (as per S.D.52) numbered 1,640 giving an adjusted birth rate of 16.87. 52 babies were still-born giving a still-birth rate of 30.73.

Infant Deaths

45 infants aged under 1 year died during 1963. The distribution of these deaths by age and cause is shown in Table I.

TABLE 1.

TABLE SHOWING DISTRIBUTION OF DEATHS OF INFANTS UNDER
ONE YEAR BY AGE AND CAUSE.

Cause	W E E K S				M O N T H S				All Cases				
	0-		1-		1-		3-			6-		9-1yr.	
	M	F	M	F	M	F	M	F		M	F	M	F
Congenital Defect of Central Nervous System	1	-	1	-	-	1	-	-	-	-	-	-	3
Congenital Defect of Cardio Vascular System	1	-	1	-	1	-	-	-	1	-	1	-	5
Congenital Defect of Alimentary System	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia	2	-	-	1	-	-	-	-	-	-	-	-	3
Bronchitis	-	-	-	-	-	-	3	-	-	-	-	-	3
Gastro enteritis ...	-	1	-	-	-	-	1	-	-	-	-	-	2
Prematurity	7	4	2	1	-	-	-	-	-	-	-	-	14
Atelectasis	1	2	-	-	-	-	-	-	-	-	-	-	3
Prematurity and Atelectasis	-	-	-	-	-	-	-	-	-	-	-	-	-
Accident	-	-	-	-	-	1	-	-	-	-	-	-	1
Others	5	2	2	1	-	-	-	-	-	-	1	-	11
All Causes	17	9	6	3	1	2	4	-	1	-	2	-	45

TABLE 2.

CAUSE OF DEATH			Deaths in or belonging to the whole District at subjoined ages.									
			All Ages	Under 1 yr.	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and upward
Cols.	1		2	3	4	5	6	7	8	9	10	11
All Causes	(Certified (Uncertified		1344 -	43 -	3 -	4 -	3 -	8 -	52 -	341 -	389 -	501 -
	M	F										
1. Tuberculosis, respiratory	12	1	13	-	-	-	-	-	-	7	3	3
2. Tuberculosis, other ...	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease ...	1	-	-	-	-	-	-	-	-	-	1	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis ...	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	-
10. Malignant neoplasm - stomach	15	17	32	-	-	-	-	-	-	9	8	15
11. Malignant neoplasm - lung or bronchus	28	2	30	-	-	-	-	-	-	13	13	4
12. Malignant neoplasm - breast	-	18	18	-	-	-	-	-	1	7	6	4
13. Malignant neoplasm - uterus	-	11	11	-	-	-	-	-	-	8	2	1
14. Other malignant and lymphatic neoplasms	55	47	102	-	-	-	1	-	8	38	31	24
15. Leukaemia, aleukaemia	4	1	5	-	-	-	-	2	1	-	2	-
16. Diabetes	2	9	11	-	-	-	-	-	-	2	4	5
17. Vascular lesions of nervous system	66	96	162	-	-	-	-	-	3	29	45	85
18. Coronary disease, angina	167	91	258	-	-	-	-	-	6	76	95	81
19. Hypertension with heart disease	25	24	49	-	-	-	-	-	1	17	13	18
20. Other heart disease ...	67	73	140	-	-	-	-	-	8	34	31	67
21. Other circulatory disease	30	29	59	-	-	-	-	-	-	13	22	24
22. Influenza	1	3	4	-	-	-	-	-	-	2	-	2
23. Pneumonia	29	20	49	4	-	1	-	1	-	5	14	24
24. Bronchitis	102	75	27	1	1	-	-	-	2	16	41	41
25. Other diseases of respiratory system	51	5	56	1	-	-	-	-	1	22	23	9
26. Ulcer of stomach and duodenum	3	1	4	-	-	-	-	-	-	1	2	1

continued

Cols	1		2	3	4	5	6	7	8	9	10	11
	M	F										
27. Gastritis, enteritis and diarrhoea	2	1	3	1	-	-	-	-	-	-	1	1
28. Nephritis and nephrosis ...	9	12	21	-	-	-	-	-	3	4	6	8
29. Hyperplasia of prostate ...	9	-	9	-	-	-	-	-	-	-	7	2
30. Pregnancy, childbirth and abortion	-	1	1	-	-	-	-	-	1	-	-	-
31. Congenital malformations...	5	2	7	5	-	-	-	-	1	1	-	-
32A Rheumatic fever	3	4	7	-	-	-	-	-	2	4	-	1
32B Pernicious anaemia	1	6	7	-	-	-	-	-	-	-	3	4
32C Convulsions	1	-	1	1	-	-	-	-	-	-	-	-
32D Old age	17	44	61	-	-	-	-	-	-	-	4	57
32E Other defined and ill defined diseases	39	39	78	30	1	1	1	-	5	20	10	10
33. Motor vehicle accidents ...	3	1	4	-	-	-	-	3	-	1	-	-
34A Road (other than motor accidents)	-	-	-	-	-	-	-	-	-	-	-	-
34B Colliery accidents	8	-	8	-	-	-	-	2	3	3	-	-
34C All other accidents	8	8	16	-	1	2	1	-	3	1	3	5
35. Suicide	10	3	13	-	-	-	-	-	3	7	3	-
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-
37. Cause Unknown	1	1	2	-	-	-	-	-	-	1	1	-
RHONDDA	747	597	1344	43	3	4	3	8	52	341	389	501

Number of deaths registered in Rhondda in 1963 1,059

Number of deaths registered of persons normally resident outside Rhondda 46

Number of deaths of Rhondda residents that occurred outside the district 331

Actual number of registered deaths allocated to the district ... 1,344

Crude death rate for Rhondda 13.43 per 1,000 population.

Crude death rate for County of Glamorgan 12.65 per 1,000 population.

TABLE 3.

Distribution of deaths by age, sex and month of occurrence.

Age-Group and Sex																			
Month of Death	0-		1-		2-		5-		15-		25-		45-		65-		75+		All Ages
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
January	5	2	-	-	1	-	1	-	-	-	3	1	27	20	26	23	24	26	159
February	3	1	-	-	-	-	-	-	-	-	1	2	22	8	23	11	24	26	121
March	2	2	-	-	-	-	-	-	-	-	3	3	22	14	27	11	22	29	135
April	1	3	-	-	-	-	-	-	2	-	6	2	23	7	22	15	24	29	134
May	1	1	-	-	-	-	-	-	1	-	3	1	17	16	19	16	13	24	112
June	2	2	-	-	-	1	-	-	1	-	2	1	16	6	18	14	17	17	97
July	2	-	-	1	-	-	2	-	-	-	3	-	10	10	18	9	17	22	94
August	3	1	-	-	-	-	-	-	-	-	1	-	15	10	14	8	13	23	88
September	1	-	-	-	-	-	-	-	1	1	6	1	16	3	10	12	8	23	82
October	2	-	-	1	-	-	-	-	-	-	2	5	12	14	17	10	16	25	104
November	2	2	1	-	1	-	-	-	-	-	3	1	26	8	26	10	15	13	108
December	4	1	-	-	-	1	-	-	2	-	1	1	12	7	19	11	22	29	110
Total	28	15	1	2	2	2	3	-	7	1	34	18	218	123	239	150	215	286	1,344

TABLE 4

Distribution of deaths by age, sex and place of occurrence (Home or Hospital).

Age-Group										
	0-	1-	2-	5-	15-	25-	45-	65-	75+	All ages
<u>DOMICILIARY DEATHS</u>										
M	10	-	1	1	2	19	126	139	138	436
F	3	1	-	-	1	13	55	89	190	352
Total	13	1	1	1	3	32	181	228	328	788
<u>HOSPITAL DEATHS</u>										
M	18	1	1	2	5	15	92	100	77	311
F	12	1	2	-	-	5	68	61	96	245
Total	30	2	3	2	5	20	160	161	173	556
<u>ALL DEATHS</u>										
M	28	1	2	3	7	34	218	239	215	747
F	15	2	2	-	1	18	123	150	286	597
Total	43	3	4	3	8	52	341	389	501	1,344

TABLE 5

Percentage of all deaths occurring in hospital by age and sex.

Age-group	Males	Females	Total
0-	64	80	70
1-	69	60	67
25-	44	28	38
45-	42	55	47
65-	42	41	41
75+	36	34	54
All Ages	42	41	41

TABLE 6

TABLE S.D. 25 of the Registrar General.

Causes of Death in Rhondda Borough during 1963.

Causes of Death	Males	Females
All Causes	752	598
1. Tuberculosis, respiratory	14	2
2. Tuberculosis, other	-	1
3. Syphilitic disease	1	-
4. Diphtheria	-	-
5. Whooping Cough	-	-
6. Meningococcal Infections	-	-
7. Acute Poliomyelitis	-	-
8. Measles	-	-
9. Other infective and parasitic diseases	-	1
10. Malignant neoplasm, stomach	17	19
11. Malignant neoplasm, lung, bronchus	30	2
12. Malignant neoplasm, breast	-	18
13. Malignant neoplasm, uterus	-	15
14. Other malignant and lymphatic neoplasms	51	46
15. Leukaemia, aleukaemia	4	1
16. Diabetes	2	9
17. Vascular lesions of nervous system	78	110
18. Coronary disease, angina	189	100
19. Hypertension with heart disease	22	22
20. Other heart disease	58	70
21. Other circulatory diseases	22	30
22. Influenza	1	3
23. Pneumonia	27	19
24. Bronchitis	78	29
25. Other diseases of respiratory system	53	4
26. Ulcer of stomach and duodenum	4	1
27. Gastritis, enteritis and diarrhoea	3	2
28. Nephritis and Nephrosis	5	2
29. Hyperplasia of prostate	10	-
30. Pregnancy, childbirth, abortion	-	-
31. Congenital malformations	9	4
32. Other defined and ill-defined diseases	46	69
33. Motor vehicle accidents	4	1
34. All other accidents	14	15
35. Suicide	10	3
36. Homicide and operations of war	-	-

S E C T I O N I I

SANITARY CIRCUMSTANCES

WATER

The district derives the major part of its water supply from two main water undertakings. The Borough Council Supply serves the upper and middle portion of the Rhondda Fawr, with the exception of the greater portion of Cwmparc, which is supplied by the National Coal Board. The Joint Water Board supply the rest of the district with the exception of small groups of houses at Pontygwaith, Ynyshir and Penrhiwfer.

The Borough Water Engineer has provided the details in the following Table 7 regarding water consumption in the area supplied by the Council services:-

TABLE 7

Average daily consumption of water
in the Council's area of supply.

(a) For trade purposes	...	...	...	...	236,000	galls.
(b) For domestic purposes	...	...	...	...	2,529,000	"
(c) As compensation water	...	...	...	...	-	"
(d) To Neath R.D.C. (Bulk)	...	...	...	...	48,000	"
					<u>2,813,000</u>	

Number of new services installed during the year
giving the number and situation of any groups of houses connected

Mount Libanus Housing Site, Treherbert	...	...	...	...	40
Private Development, Glyncoli, Treorchy	...	...	...	...	7
Upper Canning Street, Ton Pentre	...	...	...	...	3
Partridge Avenue, Llwynypia	...	...	...	...	8
Flats, Tonypandy Square	...	...	...	...	36
Other	...	...	...	...	11

Of the bacteriological examination of 4 samples of water obtained from intakes to the Council's Supply, 2 were reported on as being satisfactory. 26 unsatisfactory samples were obtained from various points on the system of distribution, and of 34 samples of Glamorgan Colliery Pit Water, 25 were reported on as being satisfactory.

DRAINAGE AND SEWERAGE

During the year, 26 defective sewers, formerly known as combined drains, serving 102 houses, were referred to the Borough Surveyor for attention and; in 60 other instances involving 399 houses, the reference to the Surveyor was after the service of statutory notices on the owners, in accordance with the provisions of Section 24 of the Public Health Act, 1936.

In addition, 200 houses, served by single drains, were referred to the Surveyor as a result of written authorisation from the owners.

CLOSET ACCOMMODATION

The number of houses in the district unconnected with the sewerage system at the end of the year amounted to 9, the majority of these houses are farmhouses, or cottages which are on isolated sites on the hillsides, or houses situated in such positions that connection with the nearest sewers is not possible.

The appended Table 8 which is compiled from the reports submitted by the public health inspectors, indicates the extent and character of the means of excrement disposal in the district at the end of 1963:-

TABLE 8

No. of privies with fixed receptacles (middens, etc.)	37
No. of privies with movable receptacles 	3
No. of water closets (freshwater, cistern flushed)	29,022
No. of water closets (waste water) 	-
No. of water closets (hand flushed) 	258

PUBLIC CLEANSING

The scavenging of the whole district, with the exception of the portion of Gilfach Goch which is within the area, was undertaken by the Council by direct labour under the supervision of Mr. E. T. T. Rees, the Borough Engineer and Surveyor.

SANITARY INSPECTION OF THE AREA, 1963.

The sanitary inspection of the area was carried out by nine public health inspectors under the direct supervision of the Chief Public Health Inspector, and the following Table is a summary of the information relating to the work done during the course of the year:-

TABLE 9

Infectious Disease Investigation	13
Infectious Disease Revisits and Disinfections	27
House Inspection:-	
Re-Visits to Unabated Nuisances	1,808
re Housing Act	730
re Nuisances	1,178
No action necessary	51
Work done without notice	20
Preliminary Notices issued	421
Statutory Notices served	288
Notices complied with - Preliminary	77
Notices complied with - Statutory	218
Applications re Advances for House Purchase	565
Rent Act Investigations	45
Improvement Grant Applications	1,206
Council House Applications	478
Interviews and Letters	1,939

Visits of Inspection to:-

Shops re Food Hygiene Regulations	...	...	...	...	...	...	...	...	37
Shops re Unsound Food, etc.	...	...	...	...	...	...	...	...	169
Dairies and Milkshops	...	...	...	...	...	...	...	...	17
Slaughterhouses	...	...	...	...	...	...	...	...	149
Bakehouses	...	...	...	...	...	...	...	...	22
Ice Cream Vendors	...	...	...	...	...	...	...	...	4
Fried Fish Shops	...	...	...	...	...	...	...	...	3
Factories and Workshops	...	...	...	...	...	...	...	...	14
Scavenging Depots	...	...	...	...	...	...	...	...	12
Back Lanes	...	...	...	...	...	...	...	...	51
Piggeries	...	...	...	...	...	...	...	...	9
Sewers, Drains and Culverts	...	...	...	...	...	...	...	...	1,619
Common Lodging House	...	...	...	...	...	...	...	...	-
Meat Destroyed	...	...	...	...	...	...	...	...	1,485 lbs.
Meat offal destroyed	...	...	...	...	...	...	...	...	34,221 lbs.
Other foods destroyed	...	...	...	...	...	...	...	...	13,458 lbs.

There were 421 informal notices and 288 statutory notices served in the course of the year in respect of nuisances, housing defects and other contraventions of byelaws, and during the same period nuisances were abated or repairs effected in 20 instances without the service of notices, whilst 77 informal notices and 218 statutory notices were complied with. The local authority carried out work at 16 houses in default of owners served with statutory notices. These figures include the work shown in the table on housing statistics.

Slum Clearance - House-to-House Survey.

During the year, the majority of the Public Health Inspectors were engaged in a House-to-House Survey of the tenanted properties in the area. The procedure as in 1962 was for two teams to survey the houses in the Wards of the two valleys.

The Survey occupied four days each week and on the fifth day each Inspector devoted his time to routine duties in his district to ensure that the Court procedure was not interrupted.

For most of the year, two Public Health Inspectors, one inspector for each valley, were retained full-time on duties in connection with Housing Loans, Council house applications, Improvement Grants and other urgent matters which require immediate attention. The two shops inspectors and the meat inspector carried out their normal duties.

Whenever possible, the inspectors not in the Survey teams and the two pupil public health inspectors, assisted in the Survey. As a consequence of the above, it was impossible for the District Public Health Inspectors to supervise their districts as efficiently as formerly.

PREMISES AND OCCUPATIONS CONTROLLED BY
BYELAWS, REGULATIONS OR ORDERS

The number of premises and occupations subject to control by byelaws, regulations or orders in the district was 100 as indicated in the subjoined table. The table excludes dairies on farms which are now under the supervision of the Ministry of Agriculture, Fisheries and Food:-

TABLE 10

Description	Total
Bakehouses 	16
Dairies and Milk Shops 	72
Common Lodging House 	-
Slaughterhouses 	4
Offensive Trades 	8
	100

COMMON LODGING HOUSES

There are no common lodging-houses registered in the Borough.

SHOPS

Table 11 gives certain details of Shops and employees for 1963:-

TABLE 11

Number of Shops in the District in 1962	...	...	...	...	...	1,640
New Shops established in 1963	...	...	...	...	...	39
Shops removed from the Register in 1963	...	...	...	...	...	48
Net decrease in Shops in 1963	...	...	...	...	...	9
Number of Shops in district in 1963	...	...	...	...	...	1,631
Number of Shops subject to a local Closing Order	...	...	...	...	...	927
Number of Shops in which Assistants are employed	...	...	...	...	...	780
Number of Shops exempted from Weekly Half-Holiday Order	...	...	...	...	...	674
Number of Shops exempted from Weekly Half-Holiday Order and in which Assistants are employed	...	...	...	...	...	282
Number of Assistants in Exempted Shops	...	...	...	...	...	490
Number of Shops and other premises or businesses in which Young Persons are employed other than as Shop Assistants	...	...	...	...	...	27
Number of Young Persons employed other than as Shop Assistants...	...	...	...	...	...	98
Legal Proceedings taken under Shops Acts during 1963	...	...	...	...	...	-

The detailed administration of the Shops Acts was continued by two shops inspectors who are also appointed as part-time public health inspectors in accordance with the Public Health Officers Regulations, 1959. The inspectors render occasional assistance in the general duties of the public health inspector.

The following summary provides information as to the main activities of the Inspector during the year:-

Observation Duty - number of hours	...	...	...	...	...	...	309
------------------------------------	-----	-----	-----	-----	-----	-----	-----

Visits to Shops -

Food Hygiene Regulations	...	...	...	...	...	...	1,902
Primary routine inspections	...	...	...	...	...	...	44
Re-inspections	...	...	...	...	...	...	2,009
Regarding hours of employment, meal-times, etc.	...	...	...	...	...	...	31
For de-registration	...	...	...	...	...	...	47
Unsound Food	...	...	...	...	...	...	-
Other Visits	...	...	...	...	...	...	257

Notices Issued -

Re Food Hygiene Regulations	...	...	...	...	...	...	9
Re Shops Act	...	...	...	...	...	...	47

Number of Warnings given	...	...	...	...	...	...	67
--------------------------	-----	-----	-----	-----	-----	-----	----

Sampling Action (Food and Drugs Act) No. of hours	...	...	...	...	...	...	985
---	-----	-----	-----	-----	-----	-----	-----

There were no defects reported upon as having been discovered or remedied in shops during the year.

No applications were received by the Council during the year for certificates under Section 38(6) of the Shops Act, 1950, giving exemption from the obligation to provide and maintain suitable and sufficient sanitary conveniences for the use of persons employed in or about a shop.

The Shops Inspectors did not report any case during the year in respect of which it was necessary to institute legal proceedings for any infringement of the Shops Act and the Closing Orders made thereunder.

FACTORIES

The total number of premises in the district affected by the Factories Act, 1961, is 521, made up in Table 12.

TABLE 12

	Total	Without Mechanical Power	With Mechanical Power
Factories	480	144	336
Bakehouses	16	1	15
Building Operations ...	9	-	9
Electrical Stations ...	7	-	7
Outworkers	9	9	-
	521	154	367

The public health inspectors paid 22 visits to bakehouses and 14 visits to other premises embraced by the Act, during the course of the year.

The appended tables provide information relating to the trades carried on at the premises to which the above-mentioned Act applies, the inspections made during the year and the results of action taken in connection therewith.

TABLE 13

1. Inspection for purposes of provisions as to health.

	Number of Premises	Number of		
		Inspec- tions	Written Notices	Occupiers Prosecuted
Factories without mechanical power	144	2	-	-
Factories with mechanical power	336	12	-	-
Bakehouses without mechanical power	1	-	-	-
Bakehouses with mechanical power	15	22	-	-
Other premises (excluding outworkers' premises) in which Section 7 is enforced by Local Authority 	9	-	-	-
Totals	504	36	-	-

2. Defects found.

TABLE 14

	Number of Defects			No. of defects in respect of which prose- cutions were instituted
	Found	Remedied	Referred to H.M. Inspector	
Sanitary Conveniences (S.7)				
(a) Insufficient 	2	-	-	-
(b) Unsuitable or defective	-	-	-	-
Other offences -				
Inadequate fire-escape ...	-	-	-	-
Unsatisfactory decoration of walls 	-	-	-	-
Totals	2	-	-	-

3. Outwork

TABLE 15

Nature of Work	Class	No. of Outworkers (August)	No. of instances of work in unwholesome premises
Making wearing apparel	1	2	-
Making of boxes or other receptacles, etc.	21	7	-
Making of boxes or other receptacles, etc., and making or filling cosaques, Christmas crackers, etc. ...	21/29	-	-
Making or filling cosaques, Christmas crackers, etc. ...	29	-	-
Total	-	9	-

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

The above-mentioned Act repealed the Rag Flock Acts, 1911 and 1928, and is administered by the Borough Council as the Local Authority.

The premises of one upholstering and bedding firm are registered under the Act.

No samples of filling materials were submitted for analysis during the year.

Air Pollution

No official proceedings were taken under the Clean Air Act during the year, although members of the Public Health Inspectorate were involved in informal discussions regarding the abatement of minor degrees of atmospheric pollution in one or two parts of the Borough.

TABLE 16

Investigation of Atmospheric Pollution - Daily Mean
Concentration of Smoke

(Apparatus at Health Department, Llewellyn Street, Pentre)

Date 1963	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1	53	86	128	(34	38	45	(37	-	-	-	61	(
2	46	60	128	51	28	(	53	-	-	-	53	(61
3	72	(	(	43	35	(15	-	-	-	-	(	78
4	51	(101	(161	37	63	(	-	-	-	-	(33	93
5	258	74	70	36	(	(28	-	-	-	-	33	89
6	(	44	28	52	(30	58	-	-	-	-	106	74
7	(71	75	36	(	38	55	-	-	-	-	97	55
8	43	205	36	(52	31	51	-	-	-	-	33	(
9	52	96	28	99	42	(	-	-	-	-	60	(110
10	36	(	(	118	23	(34	-	-	-	-	(	113
11	64	(68	(32	112	25	32	-	-	-	-	(34	137
12	89	132	66	82	(	31	-	-	-	-	14	154
13	(	133	155	68	(23	26	No Readings Available	No Readings Available	No Readings Available	-	49	44
14	(177	86	46	(	33	26				-	29	92
15	173	54	35	(65	(36	62				-	29	(
16	181	96	52	114	55	(				-	(	(89
17	61	(	(	57	35	(16				-	(	151
18	36	(95	(30	37	33	23				-	(58	107
19	65	65	49	75	(	23				-	13	95
20	(	61	59	35	(29	33				-	23	126
21	(74	53	105	(	34	18				-	134	-
22	53	87	73	(18	14	19				-	23	(
23	252	222	85	37	69	(				-	36	(124
24	249	(	(	-	101	(15				-	(	152
25	271	(109	(65	81	74	19				-	(17	(
26	242	138	41	135	(	21				-	23	(164
27	(	158	69	60	(52	35				-	91	(
28	(91	137	51	(	58	34				-	181	(225
29	101		65	(42	61	52				56	29	(
30	94		38	49	55	(				37	86	(56
31	87		(		74					51		25
Daily Av.	98.1	87.0	55.8	53.1	38.4	25.7	45	-	-	48	44.8	80.6
Highest Daily Reading	271	222	161	135	101	62	53	-	-	56	181	25

SWIMMING BATHS

The open-air swimming baths situated at Treherbert, Ystrad, Port and Ferndale and paddling pools at Ystrad and Porth are administered by the Borough Surveyor's Department of the Council, each bath being under the control of a suitably qualified superintendent. These baths and paddling pools are invariably fully patronised during the summer bathing season and the water is subjected to constant filtration and chlorination, the efficiency of the chlorination being regularly checked by means of colourimetric tests. Samples of water from these baths and paddling pools were also submitted during the summer, for chemical and bacteriological examinations at the Public Health Laboratory. Of the 80 samples submitted four were found to be unsatisfactory due to a brief temporary breakdown in the filtration and chlorination plant.

ERADICATION OF BED BUGS

The disinfestation of houses harbouring bed bugs or other insects was undertaken under the supervision of the District Public Health Inspector and 22 houses were treated in the district during the year, four being Council houses. The methods adopted included the use of D.D.T. Powder, spraying with zaldecide fluid containing D.D.T., together with the stripping of walls, removal of skirting boards, etc., and the fumigation of rooms with formaldehyde vapour when considered necessary.

RATS AND MICE DESTRUCTION

During the year four whole-time rodent operators were employed in carrying out investigations into the prevalence of rodent infestation and the necessary treatment of such infestations in premises in the district, and four operators were employed whole-time on the inspection and treatment of the sewers in the district, the whole staff of operators being under the direct supervision of the out-door rodent control supervisor.

Table 17 gives information on the lines required by the Infestation Control Division of the Ministry of Agriculture, Fisheries and Food in respect of the prevalence of rats and mice; and the measure of control carried out by the rodent control staff of the local authority during the twelve months ended 31st December, 1963.

TABLE 17

PREVENTION OF DAMAGE BY PESTS ACT, 1949

	TYPE OF PROPERTY				
	Non-Agricultural			Agri-cultural	Total
	Local Authority	Dwelling Houses	All other (including Business Premises)		
I. Total number of properties in Local Authority's District	136	29,329	4,867	26	34,358
II. Number of properties inspected as a result of:-					
(a) Notification	38	997	125	-	1,160
(b) Survey under the Act ...	-	372	-	20	392
(c) Otherwise	-	-	-	-	-
III. Total inspections carried out including re-inspection ...	57	1,532	158	20	1,767
IV. Number of properties inspected (in Sec. II) which were found to be infested by:-					
(a) Rats (Major ...	3	-	-	-	3
(Minor ...	35	1,030	97	-	1,162
(b) Mice (Major ...	-	-	-	-	-
(Minor ...	-	141	17	-	158
V. Number of infested properties (in Section IV) treated by the Local Authority	38	997	114	-	1,149
VI. Total treatments carried out including re-treatments ...	57	1,160	147	-	1,364
VII. Number of notices served under Section 4 of the Act:-					
(a) Treatment ...	-	-	-	-	-
(b) Structural Work (i.e. Proofing)	-	1	-	-	1
VIII. Number of cases in which default action was taken following the issue of a notice under Section 4 of the Act	-	-	-	-	-
IX. Legal Proceedings	-	-	-	-	-
X. Number of "Block" control schemes carried out	-	-	-	-	-

The thirty-eight properties shown as Local Authority's property in the above table (item V.) include 3 refuse tips.

There are no large warehouses or wharfage in the area to create any special circumstances for the undue presence of rats and mice.

There was no occasion during the year for disinfection work to be carried out in conjunction with rodent operators of adjoining districts.

In the same period 23,228 token baits, 6,117 poison baits and 5,373 post baits were laid, and traps were set.

Table 18 gives details of sewers treated.

TABLE 18

SEWERS

Ward	Total No. of manholes treated	Total No. of manholes showing pre-bait takes	Total No. of manholes showing complete pre-baits taken	Total No. of Poison baits laid
1	442	50	39	50
2	525	61	49	61
3	149	17	15	17
4	285	37	31	37
5	357	41	31	41
6	173	26	21	26
7	391	42	36	42
8	617	68	55	68
9	483	50	43	50
10	584	58	48	58
11	618	84	64	84
Totals	4,624	534	432	534

PUBLIC MORTUARIES

Two public mortuaries, situated in the cemetery grounds, Trealaw, and at Oakland Terrace, Ferndale, have been erected and maintained by the Council and were utilised during the year for the reception of 7 and 9 bodies, respectively.

Facilities are available in each of these mortuaries for carrying out post-mortem examinations. No examinations were carried out during the year.

DEALERS IN OLD METAL AND MARINE STORE DEALERS

Section 86 of the Public Health Acts Amendment Act, 1907, is by Order made by the Secretary of State and came into force in this District at the end of 1952. The Section relates to the registration by the Council of persons carrying on the businesses of Dealers in Old Metal and Marine Store Dealers.

During the year, no registration was made for Dealers in Old Metal and for Dealers in Old Metal and Marine Store Dealers.

At the end of 1963, there were thirty persons registered as carrying on the businesses of Dealers in Old Metal and ten persons as Old Metal and Marine Store Dealers.

LEGAL PROCEEDINGS

The appended summary gives details of the cases under the Public Health Act, 1936, in which the Department's activities led to proceedings at the Local Courts of Justice in the Course of the year.

Information relating to proceedings under the Public Health Act, 1936, is as follows:-

TABLE 19

CASES OUTSTANDING 1962:

Nuisance Orders 26.	Other Cases 21.	Total	...	...	47
Cases commenced 1963	...	...	...	...	<u>34</u>
					81
Work done after proceedings commenced	...	...	...	...	17

(Standing adjourned - 35, adjourned sine die - 11 = 46)

(Nuisance Orders b/d - 26, obtained - 11 = 37)

Work done after Nuisance Order obtained	...	...	...	...	10
Withdrawn, property sold	...	...	...	...	2
Withdrawn - Work carried out by Council in default	...	...	...	...	1
Withdrawn, fresh notice issued	...	...	...	...	3
Withdrawn, house acquired by Council	...	...	...	...	1
Withdrawn, proposed Demolition Order	...	...	...	...	<u>1</u>
					18

CASES OUTSTANDING END OF 1963:

Nuisance Order	...	...	...	...	...	...	...	24
Other Cases	...	...	...	...	...	...	...	<u>22</u>

SECTION III

HOUSING

1. APPLICATIONS FOR THE TENANCY OF COUNCIL HOUSES

The annual review of applications for the tenancy of Council houses was carried out at the end of 1963, and Table 20 shows the overall position by Ward and Zone at that time.

TABLE 20

Table showing distribution of all applicants for the tenancy of Council houses by Ward and Zone as at Annual Review, December, 1963.

WARD	No. of Applicants	Percentage distribution of applicants by Ward and Zone	No. of applicants in each Zone
1	119	10%)	341
2	66	5%) 27%	
3	71	6%)	
4	85	7%)	
5	92	7%)	385
6	135	11%) 31%	
7	158	13%)	
8	199	17%)	514
9	93	7%) 42%	
10	76	6%)	
11	146	12%)	
ALL WARDS	1,240	-	1,240

Comparative Zonal figures are shown in Table 21 for the years, 1955-1963 together with the number of new houses which became available in each Zone per year. *

TABLE 21

Table showing number of applications at successive Annual Reviews for each Zone and number of new houses becoming available per year.

Year	ZONE I		ZONE II		ZONE III		TOTAL	
	No. of applicants	No. of new houses allocated	No. of applicants	No. of new houses allocated	No. of applicants	No. of new houses allocated	No. of applicants	No. of new houses allocated
1955	470	51	451	14	440	85	1,361	150
1956	478	18	471	42	494	80	1,443	140
1957	392	40	414	50	512	54	1,318	144
1958	409	41	432	5	557	103	1,398	149
1959	343	47	330	-	401	6	1,074	53
1960	334	79	339	57	382	16	1,055	152
1961	359	24	387	4	447	89	1,193	117
1962	298	32	326	25	379	53	1,003	110
1963	341	38	385	10	514	72	1,240	120
Total		370		207		558		1,135
Percentage distr. of new houses	ZONE I	33%	II	18%	III	49%		

* Number of new houses becoming available supplied by Borough Housing Architect.

The location of the new houses passed for occupation in 1963 is shown in Table 22.

TABLE 22

Table showing localities of
New Houses passed for Occupation by Council

Street and Locality	Ward	Houses	Flats
Bryn Rhedyn, Treherbert	1	22	7
Corbett Street, Treherbert	1	8	1
Partridge Avenue, Trealaw	6	6	4
St. Lukes Road, Porth.	8	28	4
Cefn Bryn, Trebanog.	8	8	-
Caradog Close, Tylorstown.	10	4	-
Fadog Close, Tylorstown.	10	-	12
Parfitt Close, Tylorstown.	10	16	-
Total		92	28

Table 23 shows the position regarding the provision of houses by the Council since 1945 (information provided by the Housing Architect).

TABLE 23

	In course of erection 31.12.63.			Completed and occupied since 1945		
	Houses	Flats	Total	Houses	Flats	Total
Temporary (Bungalows)	-	-	-	239	-	239
Permanent						
(1) Traditional	285	241	526	1,624	185	1,809
(2) Non-Traditional (B.I.S.F. and New Traditional Houses) ...	-	-	-	202	-	202
(3) Conversions	-	-	-	-	26	26
Requisitions of existing properties	-	-	-	-	-	-
Totals	285	241	526	2,065	211	2,276

2. Work carried out by Public Health Inspectors.

Consequent upon inspections carried out by the Public Health Inspectors, followed by interviews with the owners or the service of informal or statutory notices, 299 houses were repaired or defects discovered therein were remedied, whilst 16 houses were similarly attended to by the local authority in default of the owners, making a total of 315 houses dealt with during the year; the corresponding number of houses similarly dealt with in the previous year was 285. As most of the houses in the district have been erected for a period of fifty years or more, their maintenance in a satisfactory state of fitness for human habitation has caused considerable concern to the Authority. Greater pressure has had to be made on house-owners to carry out repairs, and during the year particulars of statutory notices served in respect of 107 houses were forwarded to the Legal Department of the Council with a view of instituting legal proceedings.

The following summary gives details of the nuisances and defects remedied in the course of the year:-

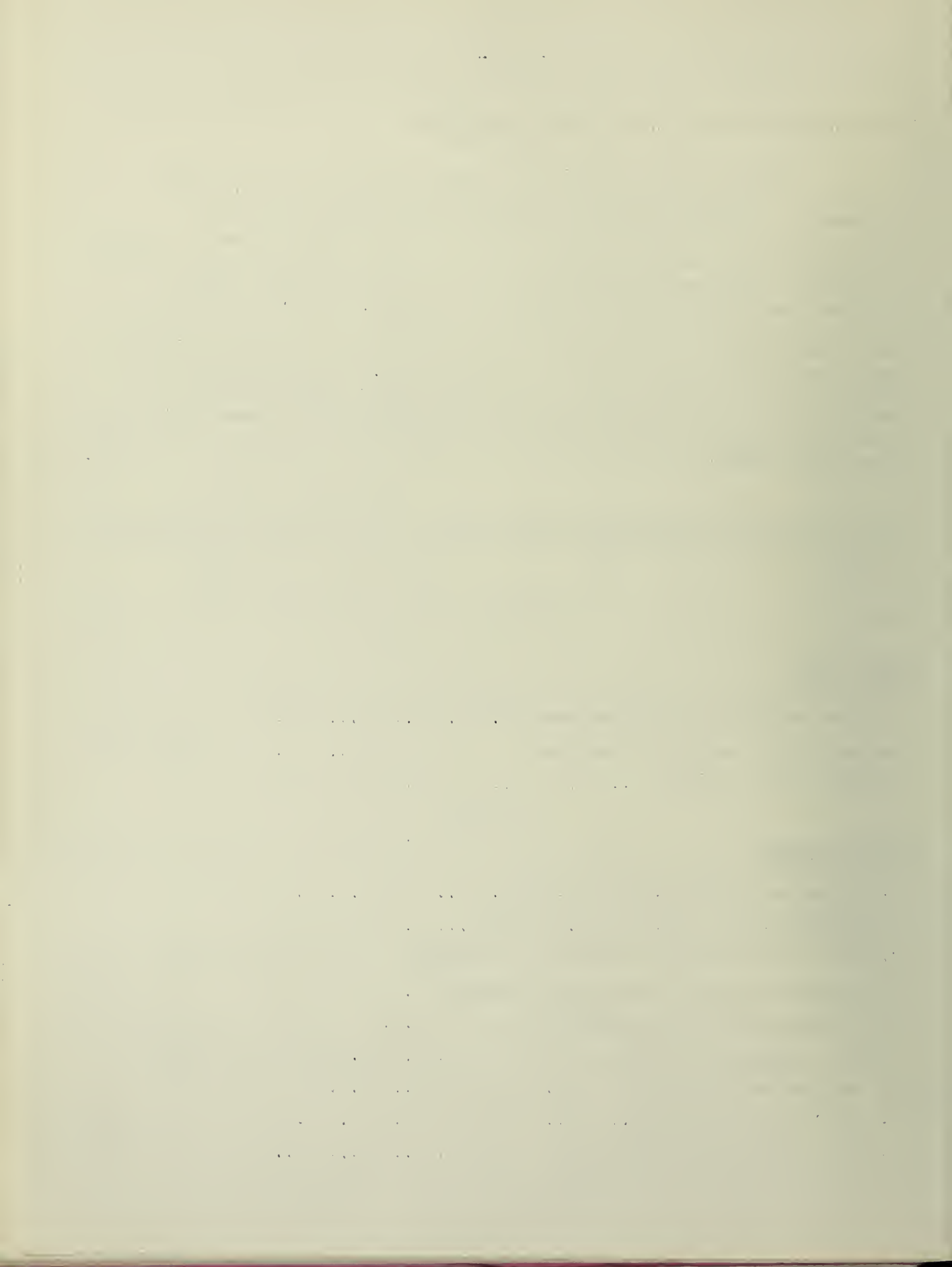
TABLE 24

1. SLOP SINKS

a. Slop sinks repaired or renewed	...	...	...	...	...	1
b. Waste pipes repaired or renewed	...	...	...	...	...	3
c. Slop sinks provided	...	...	...	...	...	-

2. WATER CLOSETS

a. Provisions of new w.c.	...	...	...	...	...	-
b. Rebuild w.c.	...	...	...	...	...	-
c. Walls, roofs, doors, floors etc., repaired	...	...	...	...	...	32
d. Flushing appliances repaired or renewed	...	...	...	...	...	26
e. Flushing appliances provided	...	...	...	...	...	1
f. Pans renewed or provided	...	...	...	...	...	24
g. Ventilation provided	...	...	...	...	...	1
h. Water supply provided	...	...	...	...	...	-
i. Water service pipes repaired	...	...	...	...	...	8



3. HOUSE

a. External walls, woodwork etc., repaired	...	...	...	...	112
b. Internal walls, woodwork, floors etc., repaired	...	...	...	...	74
c. Dampness abated by removal of earth	...	...	...	...	-
d. Bedrooms ventilated	...	...	...	...	-
e. Windows made openable	...	...	...	...	2
f. Window area increased	...	...	...	...	-
g. Pantry or food safe provided	...	...	...	...	-
h. Sufficient light in pantry provided	...	...	...	...	-
i. Water supply pipes and fittings repaired etc.	...	...	...	...	3
j. Light of basement stairs provided	...	...	...	...	-

4. DRAINS

a. Lip trap removed	...	...	...	...	...	-
b. Cement well around gully trap	...	...	...	...	...	-
c. Grid or cover to gully trap	...	...	...	...	...	-
d. Renew gully trap	...	...	...	...	...	1
e. Ventilating shaft repaired or extended	...	...	...	...	...	1
f. Drain ventilated	...	...	...	...	...	-
g. Water Closet drain unblocked	...	...	...	...	...	2
h. Slop Water drain unblocked	...	...	...	...	...	-
i. Water Closet drain repaired	...	...	...	...	...	2
j. Slop Water drain repaired	...	...	...	...	...	3
k. Water closet and slop water drain unblocked	...	...	...	...	...	-
l. Drainage of subsoil water made good	...	...	...	...	...	-
m. Inspection chamber provided	...	...	...	...	...	-
n. Inspection chamber repaired or renewed	...	...	...	...	...	1

5. AREA	
a. Repaired	6
b. Repaired and extended	-
c. Steps repaired or renewed	2
d. Division walls repaired or renewed	-
e. Boundary walls repaired or renewed	8
f. Retaining walls repaired or renewed	13
g. Back lane door and frame repaired or renewed	6
6. Shoots and downpipes repaired or fixed anew	41
7. Dilapidated structures repaired or fixed anew	-
8. Structures obstructing light/ventilation of living rooms removed/repared	-
9. Dampness abated	73
10. Dirty house cleaned	-
11. Overcrowding	-
12. Animals removed	-
13. Fowls removed	-
14. Bug infestation	-
15. Manure:-	
(a) removed	-
(b) receptacle provided	-
16. Accumulation of refuse removed	2
17. Coals in house or on paving removed	-

TABLE 25

HOUSING STATISTICS, 1963.

1. Inspection of Dwelling-houses during the year:-

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	580
(b) Number of Inspections made for the purpose	580
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	88
(b) Number of Inspections made for the purpose	88
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	62
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	467

2. Remedy of Defects during the Year without service of formal Notices:-

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	97
--	----

3. Action under Statutory Powers during the year:-

(a) Proceedings under sections 9, 10 and 12 of the Housing Act, 1957:-

(1) Number of dwelling-houses in respect of which notices were served requiring repairs (Section 9)	-
(2) Number of dwelling-houses which were rendered fit after service of formal notices:	
(a) By owners	-
(b) By Local Authority in default of owners (Section 9)	-

(b) Proceedings under the Public Health Acts:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	... ..	421
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:-		
(a) By owners	... ..	202
(b) By Local Authority in default of owners		16

(c) Proceedings under Sections 17 and 23 of the Housing Act, 1957:-

(1) Number of dwelling-houses in respect of which Demolition Orders were made	...	43
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	... ..	26
(3) Unfit houses in respect of which Demolition Orders were determined	... ..	3

(d) Proceedings under Sections 17 and 18 of the Housing Act, 1957:-

(1) Number of unfit houses in respect of which Closing Orders were made	... ..	11
(2) Parts of buildings in respect of which Closing Orders were made	... ..	8
(3) Unfit houses in respect of which Closing Orders were determined	... ..	4
(4) Parts of buildings in respect of which Closing Orders were determined	... ..	-

RENT ACT, 1957.

Since the coming into operation of the above Act, many applications for Certificates of Disrepair have been investigated and the position as at 31st December, 1963, is shown in Table 26.

TABLE 26

PART I - APPLICATIONS FOR CERTIFICATE OF DISREPAIR -----	6.7.57 to 31.12.57						
	1958	1959	1960	1961	1962	1963	
No. of applications for certificates	245	306	73	39	35	19	26
Decisions not to issue certificates ...	-	-	-	-	1	1	1
a No. of applications cancelled ...	5	5	7	5	-	-	-
b No. of applications pending ...	5	16	14	7	9	3	7
No. of decisions to issue certificates							
(a) in respect of some but not all defects	93	68	16	17	10	6	9
(b) in respect of all defects ...	112	258	52	20	21	13	14
No. of undertakings given by landlords under paragraph 5 of the First Schedule	52	112	24	13	9	4	3
No. of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule ...	5	4	-	-	-	-	-
No. of Certificates issued ...	119	258	39	27	22	13	20
a No. of Certificates issued as to the remedying of defects specified in a landlord's undertaking to remedy defects							
(a) Tenant ...	-	66	17	7	8	2	1
(b) Landlord ...	-	17	23	11	4	5	6
PART II - APPLICATIONS FOR CANCELLATION OF CERTIFICATES -----							
7. Applications by landlords to local authority for cancellation of certificates	3	63	57	25	11	19	6
8. Objections by tenants to cancellation of certificates ...	1	48	39	8	4	10	5
9. Decisions by Local Authority to cancel in spite of tenants' objection ...	-	3	9	3	-	5	-
0. Certificates cancelled by Local Authority	1	39	39	26	8	11	5

Slum Clearance.

During the year, the undermentioned areas had been declared and the families rehoused, viz:-

TABLE 27

	<u>Families</u>	<u>Total</u>
Nos. 1 - 8 Davies Street, Porth.	8	
Nos. 23 - 25 Margaret Street, Pontygwaith.	1	
Nos. 1 - 4 Old Houses, Porth.	-	9
Families re-housed from INDIVIDUAL UNFIT houses	<u>53</u>	<u>62</u>

S E C T I O N I V

INSPECTION AND SUPERVISION OF FOOD

MILK

The numbers of persons carrying on businesses concerned with the production and distribution of milk in the district during 1963 were as follow:-

Dairy Farmers	... ..	7
Purveyors of Milk and Milk-shop keepers...		72

The estimated quantity of milk produced by the 7 dairy farmers daily amounted to 53 gallons, all of which was sold wholesale to pasteurising establishments.

The estimated quantity of liquid milk sold daily in the district during the year amounted to 6,507 gallons, equivalent to a daily consumption of 0.52 pint per head of the estimated population; the corresponding consumption per head in the previous year was also 0.52.

There were 72 premises in the area directly concerned with the distribution of milk, and the number of visits made by the Public Health Inspectors to these premises during the year amounted to 17. Nearly all the milk distributed in the district was supplied in bottles, which had been filled on the wholesalers' premises where the milk had been pasteurised and, consequently, most of the premises occupied by the distributors of milk were only used for the temporary storage of the bottled milk during the intervals between the reception of the milk by the retailers and the retail distribution thereof to the consumers' houses.

The number of samples of milk sold as "pasteurised" submitted to bacteriological examination during the year was 46, all of which, with the exception of one sample, gave satisfactory results on the application of the Phosphatase Test, indicating that the milk had been adequately heat treated.

The milk which had been treated at the two licensed pasteurising establishments in the district was also regularly sampled and 131 samples of treated milk of ordinary grade and 41 samples of treated milk of the "Tuberculin-Tested" designation were taken during the year; two of the "ordinary" milk samples gave unsatisfactory results on the application of the Phosphatase Test.

During the year, four samples of untreated milk produced on farms in the district were examined for the presence of tubercle bacilli.

Milk (Special Designations) Regulations

During the year the appropriate licences were issued to use special designations in relation to milk, as follows:-

TABLE 28

"Pasteurised Milk":

Pasteurisers	...	...	...	...	...	...	2
Dealers	...	...	...	...	...	...	70

"Tuberculin Tested Milk (Pasteurised)":

Dealers	...	...	...	...	...	...	70
---------	-----	-----	-----	-----	-----	-----	----

"Sterilised Milk":

Dealers	...	...	...	...	...	...	49
---------	-----	-----	-----	-----	-----	-----	----

ICE-CREAM

During the year, the Public Health Inspectors continued to devote considerable attention to premises wherein ice-cream was manufactured, stored or sold, in order to secure compliance by all vendors of ice-cream with the provisions of the Food and Drugs Act, 1955, and the Ice-cream (Heat Treatment etc) Regulations, 1959.

At the end of the year, 53 premises had been registered as suitable for the manufacture, storage and sale of ice-cream, 1 premises for the manufacture, storage and sale of ice-llollies and 406 premises for the storage and sale of ice-cream; in the latter group of premises there were included 372 shops where ice-cream in the pre-packed state, as delivered by wholesale manufacturers, were stored and sold by retail.

Prior to registration, all the premises were inspected and inquiries made concerning the health of the vendors, particularly in relation to the history of enteric or intestinal infections.

During the year, 45 samples of ice-cream sold in the district were submitted for examination by the Methylene Blue Test and provisional grading; 31 or 68.89 per cent. were reported as being in Grade 1 or "satisfactory", 3 or 6.65 per cent. were in Grade 2 or "fair"; 10 or 22.22 were in Grade 3 or "unsatisfactory", and 1 or 2.22 per cent. in Grade 4 or "very unsatisfactory". The manufacturers of the "unsatisfactory" samples were informed of these results and were advised to give the matter their attention, especially in regard to personal cleanliness and appropriate cleansing and sterilisation of the utensils. Amongst 13 samples taken in the previous year, the corresponding percentages classified in Grades 1 to 4 were 69.23, 23.08, 0.00 and 7.69.

MEAT

The number of slaughterhouses licensed in the district during 1963 was 4, but nearly all the slaughtering was carried out in the two slaughterhouses situated at Llanfoist Street, Ton Pentre, where for part of the year meat inspection was carried on by one permanent meat inspector and for the remainder of the year by a weekly rota system of the public health inspectors, holding the meat inspectors' certificate; and also at the slaughterhouse at Howard Street, Treorchy.

The quantities of meat and offal surrendered and condemned owing to the presence of diseased conditions, etc. were 1,485 lbs. and 34,221 lbs., respectively, the amounts attributable to tuberculosis being 184 lbs. and 91 lbs., respectively.

The following table gives a summary of the results of the inspection of the carcasses of animals slaughtered in the district during the year:-

TABLE 29

Carcasses Inspected and Condemned during the
Year 1963.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,172	382	496	13,176	5,281
Number inspected	2,172	382	496	13,176	5,281
ALL DISEASES EXCEPT Tuberculosis:-					
Whole Carcasses condemned ...	7	-	1	9	-
Carcasses of which some part or organ was condemned	453	295	-	1,433	689
Percentage of the number inspected affected with disease other than Tuberculosis	21.18	77.23	0.20	10.95	13.05
Tuberculosis ONLY:-					
Whole carcasses condemned ...	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	1	-	-	41
Percentage of number inspected affected with Tuberculosis	-	0.26	-	-	0.78

The total number of carcasses inspected in 1963 was 21,507 as compared with 25,569 carcasses inspected in the previous year.

The following table shows the percentages of animals which are affected with tuberculosis amongst those slaughtered in the district in each year since 1953.

TABLE 30

Percentages of the number of carcasses inspected
affected with Tuberculosis.

Year	Cattle excluding Cows	Cows	Calves	Pigs
1953	3.05	5.92	-	2.61
1954	3.39	7.88	-	2.39
1955	4.32	3.46	-	2.27
1956	3.71	8.95	0.07	2.10
1957	2.37	3.99	-	1.81
1958	1.44	4.50	-	1.68
1959	0.69	0.78	-	1.37
1960	0.99	0.61	-	0.59
1961	0.04	0.89	-	0.74
1962	0.08	-	-	0.39
1963	-	0.26	-	0.78

OTHER FOODS

There were 16 bakehouses in the district which, with few exceptions, were of a small size. There were no underground bakehouses as defined in the Factories Act, 1937. The Public Health Inspectors made 22 visits to bakehouses during the year.

A large bacon-curing and "cooked meats" products factory was kept under regular supervision by the Public Health Inspectors concerned,

UNSOOUND FOOD

The principal articles of food condemned during the course of the year, apart from meat in slaughterhouses, were as follows:-

TABLE 31

<u>FOOD</u>	<u>lbs.</u>
Tinned Fruit	1,248.
Tinned Meat	1,800
Tinned Milk	36
Tinned Cream	17
Tinned Vegetables	47
Fresh Vegetables	2,736.
Tinned Fish	33
Wet Fish	100
Tinned Soups	18
Sago	21
Cured Meat	260
Fresh Fruit	2,104
Cereals	71
Tea	100
Flour	304
Cake and Biscuits	4,462
Sugar	84
Sweets	17

FOOD AND DRUGS ACT

The examination of samples of food or drugs taken under the provisions of the Food and Drugs Act was undertaken during the year by Mr. D. Evans Jones, M.Sc., F.R.I.C., and Mr. A. R. Phillips at the Cardiff and County Public Health Laboratory.

The total number of samples submitted during the year amounted to 330, consisting of 4 formal samples and 326 informal samples, the details of which are given in the appended summary.

The details of the samples taken are given in the following summary:-

TABLE 32

Summary of Samples submitted to the Public Analyst during 1963.

Description	Formal Samples			Informal Samples		
	No. Sub- mitted	Results		No. Sub- mitted	Results	
		Genu- ine	Not Genuine		Genu- ine	Not Genuine
Milk	4	2	2	215	214	1
Ice-Cream	-	-	-	22	22	-
Butter	-	-	-	1	1	-
Margarine	-	-	-	1	1	-
Lard	-	-	-	1	1	-
Condemned milk	-	-	-	1	1	-
Shredded Beef Suet ...	-	-	-	1	1	-
Marzipan	-	-	-	1	1	-
Tapioca	-	-	-	1	1	-
Semolina	-	-	-	1	1	-
Sago	-	-	-	1	1	-
Rice	-	-	-	3	3	-
Spaghetti	-	-	-	1	1	-
Lentils	-	-	-	1	1	-
Sponge and Cake Mixture...	-	-	-	4	4	-
Flan Mix	-	-	-	1	1	-
Sauce	-	-	-	2	2	-
Malt Vinegar	-	-	-	6	6	-
Non-brewed Condiment ...	-	-	-	1	1	-
Ground Paprika & Oregano	-	-	-	2	2	-
Chili and Curry Powder ...	-	-	-	2	2	-
Dried Thyme	-	-	-	1	1	-
Canned Meat	-	-	-	3	3	-
Canned Fish	-	-	-	1	1	-
Potted Meat	-	-	-	2	2	-
Beef and Pork Sausages ...	-	-	-	10	10	-
Icing Sugar	-	-	-	1	1	-
Cocktail Cherries	-	-	-	1	1	-
Rosehip Syrup	-	-	-	1	1	-
Cough Mixture	-	-	-	3	3	-
Epsom Salts	-	-	-	1	1	-

Cont.

Description	Formal Samples			Informal Samples		
	No. Sub- mitted	Results		No. Sub- mitted	Results	
		Genu- ine	Not Genuine		Genu- ine	Not Genuine
Ground Almonds	-	-	-	1	1	-
Soft Drink	-	-	-	2	2	-
Currants, Raisins and Sultanas	-	-	-	4	4	-
Glucose	-	-	-	2	2	-
Tea	-	-	-	2	2	-
Food Colouring and Flavouring	-	-	-	4	4	-
Milk of Magnesia Tablets ...	-	-	-	1	1	-
Halibut Liver Oil Capsules ...	-	-	-	1	1	-
Oil of Eucalyptus	-	-	-	1	1	-
Aspirin Tablets	-	-	-	2	2	-
Non brewed Relish	-	-	-	1	-	1
Cooking Oil	-	-	-	1	1	-
Ground Ginger	-	-	-	2	2	-
Milk Shake Syrup	-	-	-	1	1	-
Ice Lolly Syrup	-	-	-	1	1	-
Virol	-	-	-	1	1	-
Juniper Pills	-	-	-	1	1	-
Dessert Powder	-	-	-	1	1	-
Apricot Chutney	-	-	-	1	1	-
Coffee & Chicory Essence ...	-	-	-	1	1	-
Custard Powder	-	-	-	1	1	-
Tomato Ketchup	-	-	-	1	1	-
Totals	4	2	2	326	324	2

The Certificates of the Public Analyst disclosed that two of the informal samples submitted to him during the year were not genuine, being samples of milk and non-brew relish, representing 0.6 per cent of the total number of informal samples taken during the year.

Two formal samples of milk were certified as not genuine, representing 50 per cent of the total number of formal samples taken during the year.

The following table contains details of the samples reported on by the Public Analyst as not genuine and the action taken by the Authority.

TABLE 33

Serial No.	Article	Nature of Adulteration or Irregularity	Action taken by the Authority
30S	Milk	INFORMAL SAMPLES Contained added water 7 per cent.	Followed up by Formal sample, S3 and S4.
141S	Non-brew relish	Low acetic acid content, 3.73 per cent.	
S3	Milk	FORMAL SAMPLES Contained added water 5 per cent.	Follow up of Informal sample 30S. Referred to Town Clerk with the view to the investigation of legal proceedings.
S4	Milk	Contained added water 9 per cent.	- do -

CLEAN FOOD CAMPAIGNS

In accordance with the request contained in paragraph 7 of Circular 1/54 (Wales) relating to Annual Reports of Medical Officers of Health for 1954, the following information is submitted in relation to the Rhondda Borough Council:-

(1) The number of food premises by type of business:-

Butchers and Meat Purveyors	106
Confectioners, Bread and Cake Dealers ...	29
Dairy Produce and Milk Shops	6
Fried Fish and Potato Shops	50
Greengrocers and Fruiterers	102
Grocers and Provision Dealers	191
Refreshment Houses and Temperance Bars ...	41
Restaurants and Cooked Meat Shops	11
Sweet Shops, etc.	284
Bakehouses	16

(2) Premises registered under Section 16 of the Food and Drugs Act, 1955, and as dairies under the Milk and Dairies (General) Regulations, 1959:-

Manufacture, storage and sale of ice-cream	53
Manufacture, storage and sale of ice-lollies	1
Storage and sale of ice-cream	406
Preparation and manufacture of sausages, potted meat, pickled or preserved foods	38
Preparation of Fried Fish and Potatoes ...	30
Dairies	72

(3) Number of inspections of registered food premises:-

Ice-Cream Vendors	4
Fried Fish Shops	3
Dairies and Milk Shops	17

(4) During their visits to and inspections of food premises, the public health inspectors have concentrated on the individual instruction of the food handlers in these premises on matters relating particularly to personal hygiene. Posters dealing with the handling of food have also been distributed periodically in these shops.

(5) In regard to the disposal of condemned food, the tinned foods have been dealt with by incineration in the refuse destructor, whilst cereal or starchy products such as sponge mixtures, etc., infested with mites have, on certain occasions, been disposed of to local pig-keepers. Offal and condemned meat have been removed regularly from the local slaughterhouses by a contractor who owns premises, situated outside the district, where the materials are processed and converted into fertilisers, etc.

(6) No special examination of a stock or consignment of food was carried out in the district during the year

S E C T I O N V.

NOTIFIED INCIDENCE OF
CERTAIN INFECTIOUS DISEASES

The following diseases were notified as having occurred during the year:-

<u>Disease</u>	<u>No. of uncorrected notifications</u>
Erysipelas 	3
Scarlet Fever 	27
Enteric or Typhoid Fever 	1
Paratyphoid Fever 	-
Acute Poliomyelitis 	-
Meningococcal Infection 	-
Acute Primary Pneumonia 	39
Acute Influenzal Pneumonia 	16
Dysentery 	276
Measles 	1,024
Whooping Cough 	58
Puerperal Pyrexia 	5
Ophthalmia Neonatorum 	-
Food Poisoning 	4
Respiratory Tuberculosis 	36
Other forms of Tuberculosis 	1
Smallpox 	-

Table 34 shows further details of these cases.

TABLE 34

RHONDDA BOROUGH COUNCIL

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1963.

Notifiable Diseases	All Ages	Cases notified in the whole district									Total Cases notified in each Ward											Total Cases removed to Hospital
		All Ages - Years																				
		Un- der 1	1 yr.	2 yrs	3 yrs	4 yrs	5 to 9	10 to 14	15 to 24	25 and over	1	2	3	4	5	6	7	8	9	10	11	
Scarlet Fever	27	-	1	2	2	2	13	5	2	-	-	2	2	2	6	1	7	-	-	-	7	-
Whooping Cough	58	14	4	8	7	6	15	3	-	1	-	1	-	1	17	4	5	-	-	16	14	-
Acute Poliomyelitis (Paralytic)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis (Non Paralytic)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	1,024	46	111	166	179	210	283	20	7	2	35	58	11	29	78	74	190	74	39	199	237	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	276	18	16	25	22	20	36	21	21	97	-	3	-	1	4	14	44	5	22	25	158	-
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	1,385	78	132	201	210	238	347	49	30	100	35	64	13	33	105	93	246	79	61	240	416	-

RHONDDA BOROUGH COUNCIL

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1963.

Notifiable Diseases	All Ages	Cases notified in the whole district					Total Cases notified in each Ward											Total Cases Admitted to Hospital
		All Ages - Years																
		Un- der 5	5 to 14	15 to 44	45 to 64	65 and over	1	2	3	4	5	6	7	8	9	10	11	
Acute Pneumonia, Primary	39	8	6	1	15	9	2	1	-	1	10	5	14	-	-	2	4	-
Acute Pneumonia, Influenzal	16	1	2	2	6	5	-	-	-	1	12	2	1	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis, Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis, Post Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric or Typhoid Fever	1	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Paratyphoid Fevers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	3	-	-	-	2	1	-	-	-	-	-	2	1	-	-	-	-	-
Food Poisoning	4	-	-	-	4	-	-	-	-	-	-	-	3	-	-	1	-	-
Puerperal Pyrexia	5	-	-	5	-	-	1	-	1	-	1	-	2	-	-	-	-	-
Tuberculosis, Respiratory	36	-	-	13	15	8	5	4	1	1	3	4	2	4	5	3	4	-
Tuberculosis, Other	1	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-
Tuberculosis, Meninges and C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	105	9	8	22	43	23	8	5	2	3	26	13	24	4	6	6	8	-

SECTION VI

TUBERCULOSIS

Table 35 shows the distribution by age-group and sex of new notifications and deaths from Tuberculosis during 1963.

TABLE 35

	RESPIRATORY				MENINGES AND C.N.S.				OTHER			
	Males		Females		Males		Females		Males		Females	
	No. of cases notified	No. of deaths	No. of cases notified	No. of deaths	No. of cases notified	No. of deaths	No. of cases notified	No. of deaths	No. of cases notified	No. of deaths	No. of cases notified	No. of deaths
p	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-
-	3	-	3	-	-	-	-	-	-	-	-	-
-	2	-	5	-	-	-	-	-	-	-	-	-
-	13	7	2	-	-	-	-	-	1	-	-	-
-	8	5	-	1	-	-	-	-	-	-	-	-
l s	26	12	10	1	-	-	-	-	1	-	-	-

S E C T I O N V I I

MISCELLANEOUS

LABORATORY FACILITIES

The bacteriological and chemical examination of materials such as throat or nasal swabs, stools, water, ice-cream, milk etc., submitted by the Health Department were undertaken at the Public Health Laboratory, Institute of Preventive Medicine, Cardiff, and any advice sought in relating to the collection of samples during the course of investigation was always readily obtained from the staff at the Laboratory.

HOSPITAL FACILITIES

The local hospital facilities available for the inhabitants of the district are administered by the Pontypridd and Rhondda Hospital Management Committee on behalf of the Welsh Regional Hospital Board. The Committee control twelve hospitals, with a bed complement of 1,166 beds.

NATIONAL ASSISTANCE ACT, 1948 - SECTION 47

The above Section of the National Assistance Act, 1948, as amended by the National Assistance (Amendment) Act, 1951, provides for the removal to suitable institutions of persons who are considered to be in need of care and attention. No action was taken under this Section in 1963.

DISINFECTION

The arrangements made with the Pontypridd and Rhondda Hospital Management Committee for the disinfection of infected articles of clothing, etc., in the "Equifex" steam disinfector at the Tyntyla Isolation Hospital continued in operation during 1963.

Rooms were fumigated, when necessary, with formaldehyde vapour and sprayed with zaldecide, or other suitable liquid disinfectant, under the supervision of the district public health inspectors.

PERSONAL HEALTH SERVICE

The delegated health services are:-

<u>National Health Service Act, 1946.</u>		<u>Previously administered from</u>
Section 21	Health Centres	Divisional Health Office
22	Care of Mothers and Young Children	do.
23	Midwifery	do.
24	Health Visiting	do.
25	Home Nursing	do.
26	Vaccination and Immunisation	do.
29	Home Help Service	do.
28	Prevention of Illness Care and Aftercare	do.
Section 28 (As amended by Mental Health Act, 1959)	Care and Aftercare of Mentally Ill in Residential Accommo- dation	<u>Central Office, County Hall</u>
Mental Health Act, 1959, (County Council functions)	Mental Health Services	do.
Nursery and Child Minders Regulations Act, 1948	Registration and Inspection of Premises where Children are looked after for Gain. (No such premises in Rhondda)	do.

The role of the Personal Health Services can be summed up as -

- (a) Prevention of Illness
- (b) Care and Aftercare

The first aim of a personal health service is to promote mental and physical health and to prevent illness, disability and unnecessary suffering. Health education is a function that is being developed and skilful direction is needed in order to educate people with a view to inculcating habits and attitudes which will promote health and prevent disease. It is rather a sad commentary that the middle-aged men of today have probably worse health habits than 30 or 40 years ago despite the undoubted improvements in hygiene and nutrition. This is due to the fact that motor-cars and television mean that people take less physical exercise than they used to do and the increase in material wealth has enabled more people to buy more food and drink.

Where illness or disability nevertheless occurs, it is necessary to provide care at home for as many people as possible. The Authority have in mind developing their services, particularly in the field of mental health and services for the aged.

Much of the quality of the service provided depends on the skill and sense of duty shown by the Staff. The medical and dental, health visiting, midwifery, home nursing, clinic, home help and clerical and administrative staff have proved their worth during an exceptionally busy year.

In July, the Health Services Section were transferred to new offices because of overcrowding at Tydfil House.

Dr. Gwladys Davies, the Senior Medical Officer, retired on the 31st December. Dr. Davies commenced duties as an Assistant Medical Officer on the 1st January, 1926, and had been Senior Medical Officer since 1935. Until the County Council assumed responsibility in 1948, Dr. Davies was Medical Supervisor of Midwives. Dr. Davies had seen the Maternity and Child Welfare Service in the Rhondda develop from very small beginnings and has given 38 years of loyal conscientious service to the Authority.

My thanks are due not only to the staff but also to my colleagues in other departments including chief officers of County Council Departments and, in particular, the County Medical Officer in the field of Personal Health. I also wish to acknowledge the help and encouragement received during the year from the Chairman of the Borough Health and Welfare Committee, Alderman L. B. Rothero and Alderman Sidney Mitchell and members of the Health and Welfare Committee.

Ten Year Plan

The original Hospital Plan was published in 1962 and this was followed in April 1963 by the Command Paper, "Health and Welfare: the Development of Community Care" which represented in summary form the plans of local authorities for the development of the health and welfare services.

The Command Paper, in bringing together all the individual plans of local authorities, made it possible to see the projected development for the country as a whole and made it possible to make objective comparisons between the intentions of one authority and another. Ratios to population were discussed for various categories of staff, e.g. midwives, health visitors, home nurses and home helps etc., and tentative suggestions were made for objective standards for the services as they would be in 1972.

The Committee submitted proposals to the County Council in 1962 and made a thorough revision of the Ten Year Plan during the year 1963 in the light of the Command Paper.

The Committee made proposals for the expansion of the Mental Health, Home Help, Chiropody and Night Sitter in Services and to a lesser extent the Home Nursing and Health Visiting Services and provided for a gradual reduction in the staff of the Domiciliary Midwifery Service after the year 1966/67, to be brought about as a result of retirements to about 70% of the present level because of improved developments in hospital maternity care and therefore a trend towards more hospital confinements.

The Committee also recommended

- (a) the replacement of Penygraig Clinic.
- (b) the extension of six clinics to provide day centres for the aged.
- (c) a Training Centre for subnormal adults.
- (d) a Social club for the mentally ill.
- (e) a special unit for young subnormal children who are also physically handicapped.

The Ten Year Plans of local authorities will be reviewed by the authorities annually. There is a danger of plans being formulated in a rush and there is little doubt that the original Hospital Plan and many local authorities original plans were hastily devised.

Annual reviews will allow local authorities the time necessary to produce a well thought out, properly costed, estimated, sophisticated plan. To do this authorities will need to halt, to take stock of themselves and make special studies of some services bringing in hospital and general practitioner services where necessary.

Table 36

Vital Statistics.

Mothers and Infants.

Statistics bases on figures provided by Registrar General.

Live Births: Number - 1,640. Rate per 1,000 population - 16.38.

Illegitimate live births: Number - 51. Per cent. of total live births - 3.11.

Stillbirths: Number - 52. Rate per 1,000 live and stillbirths - 30.73.

Total Live and Stillbirths: Number - 1,692.

Infant Deaths (deaths under one year): Number - 45.

Infant Mortality Rates:

Total deaths per 1,000 live births - 27.44.

Legitimate infant deaths (45) per 1,000 legitimate live births - 28.3.

Illegitimate infant deaths (0) per 1,000 illegitimate live births - NIL.

Neo-Mortality (deaths under four weeks): Number - 32.

Rate per 1,000 total live births - 17.68.

Peri-natal Mortality (stillbirths and deaths under one week): Number - 81.

Rate per 1,000 total live and stillbirths - 47.87.

Maternal Mortality (including abortion): Number 1.

Rate per 1,000 total live and stillbirths - 0.59.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal Clinics

Our Ante-natal clinics are staffed by a team consisting of a Medical Officer, a midwife, and two health visitors. Midwives attend ante-natal clinics on a rota basis thus obtaining the advice of the Clinic Medical Officer on the ante-natal progress of their patients. Where necessary the clinic Medical Officer with the consent of the general practitioners refers patients to Mr. Maliphant, a consultant obstetrician, who has held regular specialist clinics at monthly intervals at the Carnegie Welfare Centre since September, 1934 when he was first engaged under the National Birthday Trust Fund Scheme.

TABLE 37.

	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
No. of Centres provided	7	7	7	7	7
No. of women who attended during the year	1,441	1,405	1,353	1,291	1,208
Total number of attendances during the year	7,522	8,001	7,672	7,234	6,764

It will be noted that the fall in the number of women attending our ante-natal clinics in recent years continued. This decline in the number of patients is due to the fact that more general practitioners are holding their own special surgeries for expectant mothers, and general practitioners have been invited to make use of our clinics free of charge, to enable them to give ante-natal care for their patients and arrangements are made for our midwives to be in attendance at the general practitioners' special surgeries. During 1963, Dr. Soper of Porth held his own special surgery for ante-natal mothers in addition to four other practices in the Rhondda who already held special surgeries for this purpose. A special ante-natal clinic is also held at Llwynypia hospital but usually expectant mothers attend this clinic towards the end of their pregnancy after first attending our own clinic or their family doctor.

It has been said that local authority ante-natal clinics will become redundant because they duplicate provision already made, i.e. the ante-natal clinic held by the family doctor or the ante-natal clinic held at hospitals. However not all family doctors are able to provide full ante-natal care for their patients, and in the Rhondda most expectant mothers continue to attend our clinics.

It is essential that all expectant mothers should be provided with a full range of ante-natal care from as early as possible in their pregnancy. Usually, women who are expecting their first child are in employment and are unable to attend a clinic in early pregnancy. If this is so, the mother-to-be should inform the midwife so that she can make a home visit and carry out the necessary examination at home. Some employers are very co-operative and give their women employees leave to attend clinics. A notable employer in this direction is Messrs. Polikoff's of Treorchy who employ a large female staff.

TABLE 38

Average No. of Patients attending Ante-natal Clinics during 1963.

Clinic	No. of Weekly Sessions	Total No. of Patients	Average Attendance per session
Ynyswen ...	2	263	17
Ystrad ...	1	158	15
Courthouse ...	1	41	3
Penygraig ...	2	193	11
Carnegie (Ward 6)	1	82	9
Carnegie (Ward 8)	1	96	10
Ynyshir ...	1	112	13
Ferndale ...	2	263	15

During 1961, the average attendance per session at the Penygraig Clinic was considered too high for a Medical Officer to give full attention to a patient and in August, 1961, an addition session was devoted to ante-natal work. Since then two general practitioner practices have been holding special weekly ante-natal sessions at the Courthouse clinic and during 1962 and early 1963 attendances at the Penygraig clinic fell. The novelty of the general practitioner clinics at the Courthouse clinic has now worn off as far as the Penygraig mothers are concerned, as the Penygraig clinic is obviously more convenient for them and during the latter part of 1963 attendances at Penygraig clinic reverted to normal. This was not the case as far as our own clinic at Courthouse is concerned and it will be seen that the average attendance per session throughout 1963 was only three patients. If this low attendance continues consideration will have to be given to the making of alternative arrangements for the running of the ante-natal clinic at Courthouse.

Co-operation with the Hospital Maternity Service is improving and clinical meetings are arranged by the hospital between hospital medical officers, our own medical officers and general practitioners. There have also been meetings of the Maternity Liaison Committee. During the year a standard co-operation record card was introduced where details of the expectant mothers medical record are included. This means that when the patient attends the hospital clinic shortly before her confinement she is able to take the record card with her so that the hospital will have the appropriate details of her ante-natal record.

Talks on Ante-natal Care and Preparation for Motherhood.

Talks on ante-natal care, mothercraft and relaxation classes were held at our clinics. As a rule the mothers who attend are expecting their first baby. The talks are very informal and general practitioners have been advised that their patients who had been attending their own ante-natal clinics would be welcome to attend our clinics for these talks and relaxation.

Mothers who attend these classes derive great benefit and are more relaxed at their confinement.

An interesting feature of this aspect of health education is the talks given to married couples during the evenings. The talk is given by a male medical officer and, after a brief talk to the married couples together, the women withdraw and he then answers questions by the husbands on wide ranging topics. These discussions are often very lively and stimulating and may not end until 9.30 p.m. or later. Unfortunately, the numbers attending are sometimes rather small, but this can be explained partly by the difficulty in arranging a time suitable for all owing to shift work etc.

Women's Clinic or Special Birth Control Clinic.

A special Birth Control Clinic is held at Carnegie Welfare Centre and a woman medical officer is in attendance at monthly intervals. Birth control requisites are distributed by the Superintendent Health Visitor once a month. The special Birth Control Clinic was established at Carnegie in 1935.

There are limits to the advice that the Authority can give at a Birth Control Clinic. Advice on birth control for medical reasons can be given: advice on how to space birth, i.e., family planning or attention to the problem of sub-fertility is not permitted.

At the Special Clinic, 44 new patients were seen for the following reasons:-

TABLE 39 New Patients.

Frequent pregnancies ...	19
Caesarean Section	2
Obstetric History	10
Eclampsia	1
Hypertension	3
Epilepsy	1
Debility	2
Varicose Veins	1
Bronchiectasis	1
T.B.	1
Heart Condition	3

44

Total number of visits	...	New Patients	174
		Former Patients	86
		Total	260

Prevention of Prematurity and the Care of Premature Infants.

According to international definition, a premature infant is one who weighs $5\frac{1}{2}$ pounds or less, irrespective of the estimated period of gestation. It is often a matter of chance whether any infant is born dead or dies soon after birth but the risk is much greater among premature infants as they suffer from handicaps arising from the undeveloped state of important organs or functions at the time of birth.

The rate of survival of premature infants is directly proportional to the birth weight and the first day of life is the most dangerous period, especially to the baby of low weight.

During the year 1963, 16 Rhondda premature babies died within 28 days of birth -

Nine babies (56%) died within 24 hours

Four babies (25%) died in one and under 7 days

Three babies (10%) died in seven and under 28 days

The risk of babies being born dead is also much higher among premature babies. In 1963, of the 47 Rhondda stillbirths, 26 were premature stillbirths (55%).

Prematurity obviously plays an important part in causing loss of life at early stages and the only way to reduce it substantially is by finding and using methods of preventing prematurity and conserving the lives of infants born prematurely.

The causes of premature labour are unknown in most cases. Of the known causes or associated causes, the most important are toxæmia, ante-partum hæmorrhage and multiple pregnancy.

The Report of a sub-committee of the Central Health Services Council to study the Prevention of Prematurity and the care of Premature Infants (1961) called for a comprehensive premature-baby care programme designed to rectify existing deficiencies and to raise the general standard of care and suggested such measures as -

- (a) to reduce the incidence of premature births
- (b) to provide an integrated scheme to cover all aspects of hospital and home care of premature infants and an effective system of after-care.

Unfortunately, the frequency of prematurity in Rhondda is high as the following table shows. Furthermore, there has been little change in the proportion of premature births during the past few years.

Frequency of Prematurity

TABLE 40

	England & Wales		Rhondda				
	1959	1962	1959	1960	1961	1962	1963
Percentage of all notified births which were premature.	7.7	7.6	9.5	10.3	9.1	10.2	9.3
Percentage of live births which were premature.	6.7	6.7	8.0	8.5	8.1	8.4	8.0
Percentage of stillbirths which were premature.	54.0	56.3	48.0	68.1	50.0	59.0	55.3

The quality of ante-natal care is an important element in the prevention of premature birth. Expectant mothers who attend our ante-natal clinics receive a full medical examination which includes recognised blood tests, including haemoglobin estimations very early in pregnancy, and regular ante-natal supervision from the clinic medical officers and follow-up from midwives. A more careful selection is being made of patients in need of hospital confinement.

Over one-third of the expectant mothers do not attend our clinics but visit their family doctor. Most family doctors do not hold special surgeries at regular intervals with a midwife in attendance although more are doing so. The point which applies to patients who attend our clinics as well as G.P. surgeries is that full and regular medical examinations and blood tests are not enough: it is important to make certain that the patient clearly understands the advice given to her and that it is possible for her to put it into practice. It is essential to check that the advice is being carried out.

TABLE 41

	England & Wales		Rhondda					
	1961	1962	1961		1962		1963	
	%	%	No.	%	No.	%	No.	%
Premature live births which took place in hospital	79.6	80.2	78	60	95	69.3	87	66.4
Premature stillbirths which took place in hospital	88.3	89.0	19	78.9	23	63.9	24	92.3

It is obvious from the above table that ideally more expectant mothers in premature labour should go into hospital or to the specialist centre which is at St. David's Hospital, Cardiff. It is not always possible for this to be done as labour may be precipitate or the mother may refuse to go.

Live premature babies born at home often need to be transferred to hospital.

Percentage of all live born infants born at home

TABLE 42

Rhondda

	1961		1962		1963	
	No.	% of total	No.	%	No.	%
Number of live premature births born at home and transferred to hospital before the 28th day	11	21.2	12	28.6	9	20.5

Babies are taken from home to hospital by ambulance which has a special incubator in which both temperature and heated concentration can be controlled. The baby is accompanied to hospital by the midwife. As no special facilities exist at the Llwynypia and East Glamorgan Hospitals, all premature babies are taken to St. David's Hospital, Cardiff, until it is safe for them to be discharged. Premature babies who are nursed entirely at home are the heavier babies who do not need the special care that only a Specialist Centre at a hospital can provide.

The following tables show the details of premature births occurring during 1963 according to weight at birth.

TABLE 43

P R E M A T U R E L I V E B I R T H S									
Weight at Birth.	Born in Hospital			Born at Home and nursed entirely at home			Born at Home and trans- ferred to Hospital on or before the 28th day		
	Total	Died in first 24 hours of birth.	Sur- vived 28 days.	Total	Died in first 24 hours of birth.	Sur- vived 28 days.	Total	Died in first 24 hours of birth.	Sur- vived 28 days.
3 lbs. 4.ozs. or less	11	4	4	-	-	-	1	1	-
Over 3 lbs. 4 ozs. and up to and including 4 lbs. 6 ozs.	13	1	12	6	-	6	7	-	6
Over 4 lbs. 6 ozs. and up to and including 4 lbs. 15 ozs.	18	2	15	5	-	5	1	-	1
Over 4 lbs. 15 ozs. and up to and including 5 lbs. 8 ozs.	45	1	43	24	-	23	-	-	-
Totals	87	8	74	35	-	34	9	1	7

TABLE 44

P R E M A T U R E S T I L L B I R T H S

Weight at Birth.	Born in Hospital	Born at Home or in a Nursing Home
3 lbs. 4 ozs. or less	14	1
Over 3 lbs. 4 ozs. and up to and including 4 lbs. 6 ozs.	3	-
Over 4 lbs. 6 ozs. and up to and including 4 lbs. 15 ozs.	4	-
Over 4 lbs. 15 ozs. and up to and including 5 lbs. 8 ozs.	3	1
Totals	24	2

Infant Welfare Clinics.

There was a slight fall in the number of children who attended our infant welfare clinics in 1963, compares with 1962. During this year Dr. Soper of Porth held his own special infant welfare surgery in addition to some other general practitioners in the Borough. Attendances at our clinics increased and this was probably because infant welfare clinics were closed in March, 1962 because of the outbreak of smallpox.

Attendances at Infant Welfare Clinics in Rhondda 1958 - 63

	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
Number of centres provided	8	8	8	8	8	8
Number of children who attended during the year	3,068	2,911	2,975	2,994	2,946	2,906
Total number of attendances during the year:-						
Children under one year	12,062	11,519	10,974	11,464	10,349	10,555
Children 1 - 2 years	1,865	1,606	1,651	1,474	1,267	1,597
Children 1 - 5 years	1,024	716	951	919	717	671
	<u>14,951</u>	<u>13,841</u>	<u>13,576</u>	<u>13,857</u>	<u>12,333</u>	<u>12,823</u>

Average Number of infants attending Clinics during 1963.

TABLE 46

Clinic	No. of weekly sessions	Total No. of patients	Average attendance per session.
Ynyswen	2	549	25
Ystrad	1	365	31
Courthouse	1	239	16
Penygraig	1	344	28
Carnegie	1	243	21
Y.M.C.A. Porth	1	323	37
Ynyshir	1	263	27
Ferndale	1	580	24

Our infant welfare clinics are on the whole, well designed and adequately staffed. Only one clinic at the Y.M.C.A. building at Porth is situated in hired premises: the other infant welfare clinics are held at our seven clinics, four of which were purpose built, and three are premises adapted for this purpose. There is one clinic for every 12,500 of the population. The ratio for England and Wales is one clinic per 7,700 of the population but it must be remembered that there are many clinics in other parts of the country and even in the County of Glamorgan, which are in hired church halls and chapel vestries, many such premises being unsuitable.

The infant welfare clinics are usually manned by a medical officer, two health visitors, and a food sales clerk. Mothers bring their babies throughout their early life for medical examination at intervals but attendances are rare after the first year of life. Immunisation and vaccination are given against diphtheria, tetanus, whooping cough, poliomyelitis and smallpox. Mothers can also consult health visitors on baby care and management and a wide range of baby foods is available at reasonable prices.

A register is compiled of children who for a variety of reasons may develop such disabilities as deafness or backwardness and the progress of these children would be followed into school life, thus ensuring that they will receive the necessary medical treatment or the appropriate form of education suited to their requirements.

Medical Officers at infant welfare clinics may also refer children to family doctors for treatment for defects they discover at medical examinations, to the physiotherapist or orthopaedic surgeon for treatment of orthopaedic defects and to the dental surgeons for dental care.

Welfare Foods.

The provision of welfare foods at Rhondda clinics began in 1934 when a small sum of money was provided by the National Birthday Trust Fund for providing additional food to expectant mothers in especially poor circumstances. Because of the depression the evidence of malnutrition was so striking that it was decided at the end of the year to supplement the original scheme during the year 1935 so that a supply of food stuffs would be distributed to the clinics at the discretion of the medical officers in charge. This was done with the sole object in view of helping to save the lives of undernourished mothers.

A sharp fall in the puerperal death rate followed immediately upon the introduction of this scheme, the rate dropping from 11.29 in 1934 to 4.77 in 1935. Not a single death occurred amongst those mothers who received the extra food and the food distributing scheme was continued and the food scheme was extended to neighbouring areas.

The provision of welfare foods for mothers and babies has played an important part in saving the lives of mothers and babies and in ensuring that mothers are healthier and babies are bonnier. Even during more affluent times the value of the welfare foods scheme should not be minimised. Clinic medical officers advise nursing mothers on the kind of baby food and follow-on food best suited for their babies and these are available at clinics at cheaper prices than can be obtained at chemist shops and this means a considerable saving to mothers. There is no doubt that distribution of welfare foods on a national scale since World War II is the main reason why children today are bigger and stronger than they were before the Second World War.

Welfare foods are distributed from 8 infant welfare clinics and three sale centres - the Health Department, Blaenycwm Chapel Vestry and Ebenezer Chapel Vestry, Maerdy. Proprietary foods and Government foods are sold at the clinics but only Government foods are sold at the Health Department and Blaenycwm Chapel Vestry. A limited range of proprietary foods is sold at Maerdy in addition to Government foods and during 1964 it is proposed to sell a limited range of proprietary foods at Blaenycwm.

The sale of Government foods i.e. national dried milk, cod liver oil and orange juice, has been falling since 1957 when the price of national dried milk was increased from 10½d. to 2s.4d. per tin, and since June, 1961 when the price of orange juice was increased from 5d. to 1s.6d. and when charges were made for cod liver oil and vitamin tablets which hitherto had been distributed free of charge. As the sale of Government foods declined the sale of proprietary foods has increased. Sales of proprietary foods amounted to £7629 in 1963 compared with £6917 in 1962 and £5343 in 1961. In addition proprietary foods worth £98 were distributed free to needy nursing mothers.

The following table indicates the quantity of Government foods distributed since 1957 and it will be noted that Government foods were also distributed free of cost to mothers with very low incomes.

TABLE 47

Year	National Dried Milk				Vitamin Preparations				Orange Juice	
	Full Cream		Half Cream		Cod Liver Oil (Bottles)		A & D Tablets (Packets)			
	Free	Paid	Free	Paid	Free	Paid	Free	Paid	Free	Paid
1963	716	3,977	14	119	854	1,202	219	1,097	3,741	13,669
1962	626	4,491	33	168	701	1,168	193	1,100	2,672	12,157
1961	249	2,595	10	198	2,691	1,558	1,397	458	1,399	17,291
1960	465	6,015	38	305	4,692	-	2,571	-	1,034	31,998
1959	693	6,503	29	423	4,762	-	2,114	-	1,219	30,214
1958	736	8,702	44	495	5,447	-	2,512	-	890	33,909
1957	724	17,148	50	923	8,571	-	2,956	-	1,624	53,311

Physiotherapy.

The Medical Officers at Infant Welfare Clinics refer to Mr. D. N. Rocyn Jones, Consultant Orthopaedic Surgeon or to the Senior Physiotherapist, children under the age of five years who suffer from physical deformities. Some of these disabilities are serious, e.g. hemiplegia, spina bifida and may require operative treatment. Others suffer from cerebral palsy, e.g. spastics and may require regular exercises. Poliomyelitis which until fairly recently used to maim young children is fortunately not now encountered.

The General Practitioners are kept informed of the children's progress under Mr. Rocyn Jones.

The Local Hospital Service has for many years been experiencing a shortage of qualified physiotherapists and because of this the Authority's Senior Physiotherapist has been treating children at the clinics as otherwise they would have no treatment whatsoever or they would be required to attend the Prince of Wales Hospital, Cardiff.

Our Clinics, however, were not suitably equipped to provide treatment as this was a hospital responsibility and it was therefore suggested to the Hospital Management Committee that they should re-equip the former Rehabilitation Unit at Porth Hospital so that it could be made available for the treatment of school children only, and that the Senior Physiotherapist of the Authority be seconded to the Hospital Management Committee so that she could undertake duties at the Porth Unit.

The Hospital Management Committee, however, did not agree to the Physiotherapist remaining in the Authority's service and it was subsequently agreed that she be transferred to the Hospital Management Committee.

The Hospital Management Committee are re-equipping the Porth Unit and when this has been completed Mrs. Edwards, the Physiotherapist, will be transferred to the Hospital Services.

The following are details of the work done by the Senior Physiotherapist during the year -

TABLE 48

	<u>1962</u>	<u>1963</u>
	<u>Attendances</u>	<u>Attendances</u>
For Massage	255	82
Electrical	21	Nil
Ultra Violet Light ...	161	10
Exercises	585	300
Plasters applied	30	38
Plasters removed	8	12
Insoles ordered (prs.) ...	155	45
Shoes altered	83	35

Dental Health Service for Expectant and Nursing Mothers and Pre-School Children.

The number of patients in both categories is not as great as it might be expected and bearing in mind that less than two half-day sessions per week were available for treatment until October of this year, and that treatment of nursing and expectant mothers in the General Dental Service is now entirely free, including the provision of dentures, the figures are satisfactory. The Dental condition of the average pre-school child is dis-heartening, and the number of patients in this category where extraction of several teeth is the only possible treatment because of the extent and progress of dental caries gives rise for great concern. It is hoped, now that facilities are available, that a greater number of school children will be brought for regular conservative treatment, thus obviating the possibly alarming experience of extraction under general anaesthetic and conditioning the child to accept dental treatment willingly throughout life. The demand for treatment seemed to be increasing towards the end of the year.

The following were provided with dental care:-

TABLE 49

	<u>Examined</u>	<u>Needing treatment</u>	<u>Treated</u>	<u>Made dentally fit</u>
Expectant & nursing mothers	39	39	39	37
Children under five ...	48	48	48	41

TABLE 50

Forms of dental treatment provided

	<u>Expectant and Nursing Mothers</u>	<u>Children Under 5 years</u>
Scalings and gum treatment ...	1	-
Fillings	3	1
Silver nitrate treatment ...	2	13
Crowns or inlays	-	-
Extractions	89	86
General anaesthetics	25	37
Dentures - full	-	-
partial	-	-
Radiographs	5	-

Congenital Deformities.

The recent "thalidomide episode" attracted the attention of the whole world. In these unfortunate cases, though, the cause of the malformations became known albeit when the damage was already done. However very little is known concerning the cause of the majority of congenital malformations.

It is interesting to note that during the last 60 years there has been a dramatic reduction in the infant death rate but there has been no comparable reduction in the infant death rate from malformations in England and Wales. The infant death rate from malformations was 4.3 per thousand in 1901 to 1905 and 4.4 in 1961. The infant death rate from malformations for the Rhondda was almost 6.0 per 1000 in 1961. Consequently deaths due to malformations now represents 24% of all infant deaths.

In October, 1961, I agreed to co-operate with the Department of Paediatric Pathology of the Welsh National School of Medicine in providing information about babies born alive or dead with congenital abnormalities during the period 1956/62. Since the 8th July, 1963, arrangements were made to compile a register of babies born with congenital deformities observable at birth and as from the 1st January, 1964 these will be reported to the Registrar General. It is hoped in this way that a study can be made of the incidence of specific defects in relation to place of birth, season, and year of birth, and the reproductive history of the mother in the hope of uncovering enviromental and hereditary factors of aetiological importance.

Probably only 50% of malformations are detectable at birth and from the 1st January, 1964, the Welsh National School of Medicine are embarking on a more elaborate survey which will seek to uncover all congenital defects and will also deal with the social, economic status and ethnic group of parents in the hope of uncovering reasons for malformations and we shall be co-operating with them in this venture.

As the thalidomide episode showed, some malformations are known to be related to the effects on the developing embryo of drugs taken by the mother and the Government has set up a Committee on the Safety of Drugs which will advise in the light of current medical and scientific knowledge on the adequacy of clinical trials before a new drug is released for general use. The Committee will also deal with any adverse reactions. It is possible that there might be 300 or more new drugs and preparations to be submitted to the Committee each year.

With a view to avoiding congenital deformities in babies it would appear to be a good general rule to give as few drugs as possible to pregnant women. Exposure of the abdomen to X-rays would also be unwise.

Testing for Phenylketonuria

With a view to preventing mental retardation associated with phenylketonuria by early diagnosis and treatment, Health Visitors carry out tests for phenylketonuria on all babies. This is done by examining the urine of six-week-old babies.

The incidence of phenylketonuria is very low and no cases have come to light so far.

MIDWIFERY SERVICE.

It is pleasing to report that at the end of the year we had been successful in recruiting midwives to fill all vacancies. On the 31st December the strength of the Midwifery Service was as follows:-

Full time midwives	... ..	16
Full time relief midwives	... ..	2
Home Nurse/Midwife for relief duties.		1

In addition there was a supervisor who also supervised home nurses. There was, however, a shortage of midwives in the hospital service, particularly at East Glamorgan Hospital. This fact coupled with the limited number of beds at the Glyncofel Hospital meant that there was a rise in the number of patients discharged early from hospital. In such instances the midwives are responsible for the care of mother and baby until the 10th day after confinement.

One of the reasons for early discharge is that a greater number of beds are now being devoted to ante-natal care than before. The greatest care is necessary to ensure that conditions at home are satisfactory before patients are discharged home early. Although close co-operation between the hospital service and ourselves is maintained, it sometimes appears that the ward sister who is arranging the discharge of the patient does not always have at her disposal the information supplied by us concerning the suitability of the patient's homes.

The shortage of midwives in the hospital is cause for concern. The Hospital Management Committee has taken vigorous steps to recruit midwives but unless there is a distinct improvement the Management Committee will find difficulty in staffing adequately the new Llwynypïa Maternity Hospital which will be ready in 1964.

One of the problems connected with midwifery recruitment is that many nurses complete their midwifery course but have no intention of practising midwifery. The present shortage of midwives would be almost wholly met if every woman qualified as a midwife then practised for at least a year. A nation wide recruiting campaign in 1964 was aimed at the non-practising midwife inviting her to practice her profession.

Action is required to remove the causes of the midwives' non-willingness to practice. There is little doubt that midwifery is the most rewarding of all vocations for nurses. Three quarters of all babies born in the country were brought into the world by midwives without any assistance from doctors. It is possible that some women shy away from the responsibilities involved while others in the "age of the five day week" do not relish domiciliary midwifery with ties. Most domiciliary midwives, and this is true of Rhondda midwives, do not favour the idea of nursing mothers discharged early from hospital as they would prefer to attend at the mother's confinement. If the early discharge of patients from hospital is to become a permanent feature it may be necessary to employ maternity nurses (i.e. midwives that do not attend at the confinement) to attend to such patients.

The Borough Council have agreed to providing housing accommodation for newly appointed midwives and this decision helped us in recruiting midwives. During the year 1963 a midwife was provided with a council house on a busy housing estate.

The number of births notified during the year under Section 2 or 3 of the Public Health Act is given below and a comparison is made with previous years.

TABLE 51	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
No. of Births notified	1,635	1,603	1,595	1,644	1,689	1,681
Live Births	1,585	1,545	1,548	1,606	1,628	1,634
Stillbirths	50	58	47	38	61	47
No. of hospital live births ...	847	720	725	810	848	845
No. of domiciliary live births	738	825	823	796	841	789
No. of hospital stillbirths ...	32	37	35	26	40	38
No. of domiciliary stillbirths	18	21	12	12	21	9

The percentage births which took place in hospital in recent years is given below

<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
54	47	48	51	50	53

HEALTH VISITING SERVICE

The establishment of the Health Visiting/School Nursing Service is twenty officers. There is also a Superintendent. A temporary Health Visitor is seconded for duty with the Medical Research Council and is supernumerary to the establishment. All the Health Visitors possess the Health Visiting Certificate.

The following table indicates the number of patients visited by Health Visitors during the year:

TABLE 52
Patients visited by Health Visitors

			<u>Number</u>
Children born in 1963	...	...	1,690
" " " 1962	...	...	1,700
" " " 1958-61	...	...	<u>4,292</u>
Total number of children	...	...	7,682
Persons aged 65 and over	...	...	1,665
Number of aged visited at special request of General Practitioner or hospital	...	...	71
Mentally disordered persons	...	...	32
Number of mentally disordered visited at special request of G.P. or hospital	...	...	4
Persons discharged from hospitals (not maternity or mental patients)	...	...	25
Number of above patients visited at special request of a G.P. or hospital	...	...	4
Number of T.B. households visits.	...	...	823
Number of households visited on account of other infectious diseases	...	...	73

It will be noted that 1,665 persons visited were aged 65 and over and this compares with 1,690 babies visited who were under a year old. Not so many years ago, the Health Visitor apart from the after-care of tuberculous patients was concerned exclusively with young mothers and their children. The work of the Health Visitor is broadening to include the elderly infirm and the follow-up of patients discharged from hospital and they are the only social workers concerned with the family as a whole. Other social workers, e.g. Child Care Officers of the Children's Department, Welfare Officers of the Welfare Services Department and Health Welfare Officers (Mental Health) are concerned only with particular groups of the population.

The Health Visitor is primarily concerned with health education. When Health Visitors were introduced to the Rhondda fifty years ago as health educators, they were directed quite simply to saving life. Since then, there has been a tremendous improvement in expectation of life and the emphasis has moved from the saving of life to the achievement and maintenance of the highest standards of life.

More general practitioners have come to realise that there is no line of demarcation between curative and preventive medicine and are beginning to see that, in future, Health Visitors must work more closely with them. In future, the trend whereby general practitioners make use of Health Visitors' services will be more marked.

With the development of group practices among general practitioners, there is a tendency for the general practitioner to become less of the family doctor with the result that nursing mothers tend to rely more on the Health Visitor for advice. There is also a tendency for mothers to be younger and it is not uncommon for young women to marry in their teens and, in consequence, are in need of more advice.

Health Visitors have been endeavouring to make routine visits to all their patients. With the heavy pressure of work being placed upon them with the growth in the number of aged persons requiring assistance and the development of talks to groups of adults and children, visits will tend to become more selective. After the initial visits to all mothers after the birth of the baby, the Health Visitor will concentrate on watching for signs of defect or abnormality, e.g., deafness or slow development and on guidance to families who present special problems.

The nature of the work of Health Visitors is affected by changes in social conditions. The pattern of their work is changing to meet these new conditions and Miss Owen, the Superintendent Health Visitor, has been giving the Health Visitors the necessary leadership to meet their new responsibilities.

HOME NURSING SERVICE

The Home Nurse provides skilled nursing in the home under the direction of the family doctor. As a result hospitals are able to devote their attention to patients who need medical or surgical care which only the hospital can provide.

Since 1958 there has been an increase in the work done by home nurses for patients over 65 years. This is due in the main to changes in medical care: medicines are being administered in pill form instead of by injections. It will be seen from the table below that there has been an increase in the work done for patients 65 years and over. Nevertheless despite the fact that there has been an overall falling-off in the number of patients nursed there has not been a comparative reduction in the number of visits paid by the home nurses. Aged patients make greater demands on the time of the home nurses and the nursing of an elderly person in terminal illness can be arduous and time consuming.

TABLE 53

Year	Total No. of Patients who attended	Patients over 65 years	% of total cases	Total No. of visits paid.	Visits to Patients over 65 yrs.	% of total visits
1953	2,209	492	22	74,331	35,924	48
1954	2,121	555	26	76,930	36,955	48
1955	2,178	576	26	77,633	34,973	45
1956	2,674	823	31	83,408	37,785	45
1957	2,791	1,000	36	90,462	44,738	49
1958	2,394	979	41	79,236	43,271	55
1959	2,356	923	39	79,223	46,527	59
1960	1,957	952	49	78,662	48,880	62
1961	2,207	957	43	83,767	49,334	59
1962	2,056	959	47	83,591	51,076	61
1963	1,955	946	48	80,474	52,711	65.5

The Hospital Plan published by the Minister of Health envisages that more patients will be nursed at home. There was no evidence in the year 1963 that patients were being discharged early in appreciable numbers which would in turn produce an increasing demand for home nursing but a trend in this direction may well appear during the period when the Graig Hospital is being pulled down to make way for a new hospital.

VACCINATION AND IMMUNISATION

Since 1940 considerable progress has been made in the use of vaccination as means of protection against infectious diseases. In 1942 a national campaign was conducted against diphtheria with the result that the annual average in 1932-42 in the country of 2,783 deaths has been almost completely eradicated. In the 1950's B.C.G. vaccination received official approval, and this was followed by the introduction of vaccination against poliomyelitis.

There would appear to be little doubt that vaccination and immunisation procedures have been responsible for saving more lives than any other single medical method. The success of vaccination has its disadvantages in that the public have become complacent and there are sections of the public who will only seek protection for themselves and their children when there is an outbreak of the disease in their midst.

Smallpox

Vaccination eradicated smallpox native to this country, but this disease has not yet been eradicated from the world. More than 60,000 cases were reported in 1962 and the majority of these cases occurred in the Indian Sub-continent.

Until the development of air transport, this country was protected from small-pox because the duration of a sea voyage from India exceeded the incubation period of the disease. That is to say that if a passenger or member of the crew contracted small-pox before the ship left he would be seen to be suffering from smallpox before the ship reached Britain, and the necessary precautions would have been taken. With air transport the natural immunity of this country has disappeared and a person incubating the disease can reach the country without showing any evidence of the disease and yet still be highly infectious.

In order to counteract this danger, the tightening of travel controls to prevent the spread of smallpox from countries where the disease is endemic would seem to be an obvious course of action.

The other theoretical possibility would be to increase the level of small-pox vaccination in this country. This would necessitate the vaccination of everyone at three-yearly intervals to bring about complete protection. Not only would this step prove to be administratively difficult, but consideration must be taken of the risk involved in vaccination.

In South Wales, during the 1962 epidemic, some 900,000 people were vaccinated and 5 deaths were attributed to vaccination. Thus in seeking to protect everybody it is quite probable that more deaths would be caused by vaccination than would have occurred through smallpox.

The Standing Medical Advisory Committee of the Ministry of Health have pointed out that the risk of fatal complications from smallpox vaccination is lowest at the age one to two years. The Committee recommends that parents should secure primary vaccination for their children during the second year of life. If re-vaccination is then needed, e.g., in the case of an outbreak, then protection occurs more rapidly and reaches a higher level than if primary vaccination is performed at that time. Meanwhile, control of outbreaks should be carried out by vaccination of contacts.

Naturally, people who may have to deal with smallpox cases at short notice, e.g. doctors, nurses, ambulance personnel and other public health staff, need to be re-vaccinated regularly.

The number of smallpox vaccinations carried out in Rhondda during 1963 was as follows:-

TABLE 54

	Total	Under 1 yr.	1 - 2 yrs.	2 - 4 yrs.	5 - 14 yrs.	15 yrs. & Over
Smallpox vaccination	65	31	12	4	7	11
Re-vaccination	26	-	-	1	3	22

Vaccination against Poliomyelitis

During the period 1959 and 1963 when vaccination against poliomyelitis became freely available to sections of the public most of the population concerned received the necessary protection so that in future years treatment will be confined almost wholly to babies. Consideration is being given to babies being vaccinated with oral poliomyelitis vaccine at the same time as they receive injections against diphtheria, whooping cough and tetanus. In this way the visits to the clinic by infants for vaccination will be reduced and make things easier for both mother and the clinic staff.

During the month of July a case of suspected poliomyelitis occurred in a child attending Treorchy Infants' School and, as a precautionary measure, a single dose of oral vaccine was offered to all pupils attending the school and also to those attending Treorchy Secondary and Junior Schools, irrespective of their vaccination state. 575 doses of vaccine were administered, including 18 doses to adult contacts, although approximately 90 per cent. of the children treated had previously completed a course of treatment.

It was confirmed later that the suspect child was not suffering from poliomyelitis.

The following tables indicate the progress of the poliomyelitis vaccination campaign since the commencement of the Scheme in May, 1956.

TABLE 55

Progress made during year	No. Vaccinated 4 times	No. Vaccinated 3 times	No. Vaccinated twice	No. Vaccinated once & awaiting second treatment	No. awaiting vaccination at end of year.
1956	-	-	727	140	6,332
1957	-	-	5,508	1,159	3,924
1958	-	6,529	11,119	1,029	889
1959	-	11,145	10,402	979	557
1960	-	9,654	7,105	976	450
1961	7,777	5,760	6,164	890	200
1962	2,799	7,333	3,179	366	116
1963	2,375	1,200	1,180	148	221
Total	12,951	41,621	45,384		

Position in December, 1963

The following Summary gives details of the number of persons who have been given injections since the commencement of the Scheme in May 1956.

TABLE 56

	No. Vaccinated three times	No. Vaccinated twice	No. Vaccinated once	No. not yet vaccinate
Children born in the years 1943-1963	25,840	2,093	147	219
Persons born in the years 1933-1942	8,199	1,081	1	-
Persons born before 1933 who have not passed their 40th birthday	7,313	587	-	2
Others	269	2	-	-
Total ..	41,621	3,763	148	221

No. Vaccinated four times

Children under 12 years .. 12,951

Immunisation against Diphtheria, Whooping Cough and Tetanus.

Although a considerable number of children are vaccinated against diphtheria there is considerable room for improvement. Mothers of new born babies are sent a special letter by me pointing out the importance of having their babies immunised against diphtheria, whooping cough and tetanus. Health Visitors also advise parents on this matter and so do the excellent publications by the British Medical Association and Advertisers giving advice to mothers on how to bring up their babies. Nevertheless, only about two thirds of the mothers have their babies immunised.

Almost all children who attend infant welfare clinics are immunised and it is proposed, as was done in 1961, to conduct a special drive to persuade parents of children who do not attend our clinics to have their babies protected against these diseases which can disable children or cause untimely death.

TABLE 57

Full Courses of Treatment
against Diphtheria, Whooping Cough and Tetanus

Year of Birth

	1963	1962	1961	1958	1959	1954 1958	1949 1953	Over 15	Total
<u>Diphtheria only</u>									
by G.P's	-	2	-	-	-	-	-	-	2
by Health Staff	-	-	-	-	-	-	-	-	-
<u>Pertussis only</u>									
by G.P's	-	-	-	-	-	-	-	-	-
by Health Staff	-	-	-	-	-	-	-	-	-
<u>Diph./Tet. Primary</u>									
by G.P's	-	-	-	-	-	-	-	-	-
by Health Staff	1	7	3	-	1	-	-	-	12
<u>Triple Antigen</u>									
by G.P's	27	70	13	3	-	-	-	-	113
by Health Staff	422	423	23	1	1	5	-	-	875
<u>Diph./Tet. Re-inforcement</u>									
by G.P's	-	-	6	4	-	-	10	-	20
by Health Staff	-	169	202	43	73	53	-	-	540
<u>Dip. only Re-inforcement</u>									
By G.P's	-	-	-	-	-	3	-	-	3
by Health Staff	-	-	-	-	147	292	-	-	439

The triple antigen type of vaccine gives protection against diphtheria, whooping cough and tetanus.

TABLE 58

Total Number of Children Immunised.

	<u>1963</u>	<u>1962</u>	<u>1961</u>	<u>1960</u>
Against Diphtheria	1,002	1,061	2,122	1,057
Re-inforcement doses	1,002	247	3,760	1,787
Against Whooping Cough	988	1,054	1,420	843

PREVENTION OF ILLNESS - CARE AND AFTER-CARE.

The first concern of the Health Services is to forestall illness and disability by preventive measures: and that, where illness or disability nevertheless occurs, the aim will be to provide care at home in the community for all who do not require the special types of diagnosis and treatment which only a hospital can provide. The Ministry of Health pay particular importance to the development of the local health services as any plan for the development of the hospital service is complementary to the expected development of the services for prevention and for care in the community.

All the services provided by the local Health Authority can be summed up in the words "prevention of illness and care and after-care." A whole range of services are provided, however, such as home nursing, health visiting, care of mothers and young children and so on, and these have been dealt with at length in other pages of the report. The National Health Service Act, 1948, makes specific provisions for these services and at the same time empowers local authorities to undertake preventive services and care and after-care. In order to arrive at as comprehensive a view as possible of the local authorities responsibilities in this matter, provision is made for flexibility so that such services, like chiropody, can be introduced from time to time.

During the past few years, there has been considerable emphasis on the health and welfare of the whole family and on mental, as well as physical, health.

The public is now more generally aware of the value of the authority's services for preventive illness and for care and after-care. These services are, at present, designed to meet broad groups of people, viz., mothers and young children the elderly and the mentally disordered, with the welfare services and school health services dealing with the physically handicapped.

Discharge of Patients from Hospital and Arrangements for After-Care.

During the early part of the year the Minister of Health asked hospital authorities to inform local authorities in good time before patients were discharged from hospital whether community services were likely to be needed so that the local authority could make adequate arrangements. Close co-operation already existed between the maternity hospital, the geriatric hospital and the mental hospital services concerning the after care of patients discharged from hospital, and Local Hospital Services are examining their procedures so that early warning can be made to me of the discharge of other patients needing further care.

The Committee have designated me as co-ordinating officer for mobilising the local authority after care services and the task of mobilising is centred at the Health Services Section. On hearing from a hospital that a patient is to be discharged, I am then in a position to make arrangements for the appropriate service to provide the necessary help e.g. the local midwife, if it is the early discharge of a mother and baby, the health welfare officer if it is the discharge of a patient from a mental hospital, the home nurse if a patient is to continue receiving treatment at home in conjunction with the family doctor, the home help service if domestic assistance will be required, the welfare services if the patient is a registered physically handicapped person or eventual admission to a hostel for the aged, or the Health Visiting Service if a patient would need

assistance or general supervision. In some instances it may be necessary to provide a number of services e.g. the home help service in addition to the Home Nursing Service. It is essential that early warning should be made of discharge of patients rather than for the patient to make application for help some time after his discharge.

Health Education.

This subject was dealt with at length in my report for the year 1962.

The "Cohen" Committee reported in December 1963 although the report was not published until the following year. Many of the recommendations of the Report were being carried out in the Borough. e.g., the undertaking of social surveys, the conducting of dental health education, health education on the dangers of smoking. There is little doubt that health education is a service that will be developed considerably in the future.

The Cohen Committee recognised four main types of health education programmes, viz:-

- (a) Specification (e.g. campaign with a view to getting children etc., vaccinated and immunised.
- (b) Habit or attitude changing (e.g. avoidance of over-eating, attitude to mental illness, refraining from smoking.)
- (c) Support for community action (e.g. for clean air, fluoridation).
- (d) Education which leads patients to know when to consult their doctors especially at the early stage of a serious disease.

Most health education activities within the Borough were concerned with types (a) and (b) during the year 1963.

Smoking and Health.

It has been fully accepted in medical and Government circles that cigarette smoking is a major cause of bronchitis, lung cancer and other diseases. During the past eight years a number of deaths in the Rhondda from these diseases was as follows:-

TABLE 59
Bronchitis

	<u>Male</u>	<u>Female</u>	<u>Total</u>
1956	84	24	108
1957	92	25	117
1958	95	34	129
1959	79	20	99
1960	75	9	84
1961	115	30	145
1962	83	22	105
1963	75	27	102
Total	698	191	889
Average	87	24	111

The death rate in the Rhondda among men from bronchitis is approximately twice as high as that for England and Wales.

TABLE 60
Lung Cancer.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
1956	28	1	29
1957	25	4	29
1958	16	3	19
1959	37	6	43
1960	32	2	34
1961	28	1	29
1962	30	2	32
1963	28	2	30
Total	224	21	245
Average	28	3	31

Lung Cancer.

The Borough Council have decided to take vigorous steps to bring to the attention of the public the dangers to health from smoking, and have decided to use every channel of communication which they consider to be appropriate and effective. With this end in view the following broad methods of approach have been considered.

- (a) The Mass approach, viz., the display of posters, the distribution of leaflets, comment in the press, on television and sound broadcasting.
- (b) The Group approach, viz., the establishment of panels of speakers and discussion leaders to various societies and organisations.
- (c) The Individual approach, viz., asking General Practitioners Hospital Medical Officers and our own nursing staff to advise their patients who suffer from bronchitis, peptic ulcers and arterial diseases to give up smoking.

Action taken in the year 1963 under these heads was as follows:-

The Mass Approach

- (i) Large quantities of posters were obtained from the Ministry of Health and were distributed to - family doctors, hospitals, dentists, council departments, post offices, employment exchanges and other government offices in the Borough, youth clubs, workingmen's clubs, workmen's halls, factories, collieries, banks, solicitors and estate agent's offices, churches and chapels, at regular intervals.
- (ii) The Authority approached all local authorities in South Wales served by the T.W.W. television station inviting them to join with the Rhondda in advertising on commercial television on the danger of smoking. Unfortunately only one other authority was prepared to join with the Rhondda in this venture and then providing that a number of authorities would be willing to share the cost. The Authority considered that such unusual action would have driven home to the public that the Smoking and Health Campaign was taken very seriously. The debates in Council chambers throughout South Wales on this matter was however, well reported in the press and considerable free publicity was given to the matter in this way and also on television.

The Group Approach.

- (i) In the summer an illustrated leaflet on the danger of smoking was sent to parents of all 11 year old children in the Rhondda. In January, 1964, when considerable publicity was being given to the American Surgeon General's Report on smoking a leaflet was distributed through the schools to parents of all children attending grammar and secondary schools.

(ii) Organisations were invited to nominate speakers or discussion leaders so that various organisations could be visited for talks to be given on smoking. No such speakers were nominated but it is proposed to use our own medical officers for this purpose and film strips have been obtained for illustrative talks. For most of the year however, there were vacancies for two medical officers on the staff and these talks to organisations and at schools will be given during 1964.

The Individual Approach.

The medical and nursing profession have been asked to give suitable advice to patients. It is known that such advice is given at Chest Clinics and the parents of children who are potential bronchitic sufferers have been asked to advise their children not to start smoking either experimentally when young or when they become grown up.

The Authority have also make representations to the Welsh Board of Health for the Ministry to provide

- (a) leaflets for distribution to householders;
- (b) large posters for display on hoardings;
- (c) films to be shown on Commercial and B.B.C. Television on the dangers of smoking.

On the 18th July, 1963, the Welsh Board of Health stated (a) that they did not propose to print leaflets on a national basis because of the varying needs in different parts of the country but they would prepare draft paragraphs for inclusion in letters that medical officers of health might wish to send to householders. Draft letters directed at parents of children have been prepared by the Ministry and use has been made by me of these drafts; (a) The Welsh Board of Health stated that the issue of films for distribution on television and cinema had been under consideration and certain aspects of this were still being examined. On the 25th July the press indicated that the Ministry of Health were considering sponsoring short anti-smoking propaganda films for television and that it was understood that both the I.T.A. and the B.B.C. had agreed to show such films which would last between 30 seconds and a minute each; (c) consideration had also been given to the use of large posters on hoardings but it had been decided that the use of this media was not appropriate at the present phase of the campaign. The Welsh Board of Health indicated that they appreciated the steps being taken by this Council and were grateful for their suggestions.

I was rather disappointed with the reply given by the Welsh Board of Health that they consider that during the present phase of the campaign large posters on hoardings were not suitable particularly when they made this comment "consideration is also being given to the use of large posters on hoardings but it has been decided that the use of this media is not appropriate at the present phase of the campaign. This is being planned and run on the lines of long term health education to inform the public generally of the dangers associated with smoking and to discourage young people from acquiring the habit and the various means being adopted to bring the facts and dangers to their attention are considered to meet the needs for the present at least."

On the 4th April, 1963, during a debate in the House of Lords it appeared that the Joint Censorship Committee of the Poster Advertising Industry had refused to accept posters prepared by the Ministry of Health on smoking and health because the wording of the posters was imprecisely stated. The Ministry posters bear the caption "Cigarettes cause Lung Cancer," whereas the poster industry wish the Ministry to say "Cigarettes is a cause of Lung Cancer." The advertising industry is often imprecise in extolling the virtues of commercial products e.g. "G--- is good for you." It has been argued that no Censorship Committee of a private industry has any business to criticise posters issued by a Government Department particularly when such a Committee has no special qualification to assess scientific evidence so as to justify this refusal to accept posters by appealing to exactitude. There is no doubt that there is a casual communication between smoking and lung cancer and the weight of medical opinion is sufficient to justify health authorities in making it their duty to promote awareness of the risks. The tobacco industry spends eleven million pounds a year in advertising its brands and in effect this means eleven million pounds a year is spent in telling people to smoke. If the advertising industry places obstacles in the way of the Government and Health Authorities in drawing the attention of the public to the dangers of smoking, the only other alternative available is to restrict advertising.

Similar obstacles have been encountered on Commercial Television. On the 4th January, 1963, the Head of Local Sales of T.W.W. stated ".....the majority of scripts against smoking are acceptable provided they can be substantiated but they have had to refuse one script which claimed categorically that smoking was the cause of lung cancer."

Conclusion.

A campaign on the dangers to health from smoking will need to be a very long one and little effect can be expected for some time. There is no doubt that the present state of knowledge about the causal relationship of smoking and disease is inadequate and will have a negligible result in saving life in the future. Smoking is a pleasurable past time and the long contracted habits of many millions of people can not be changed in a few months. Social imitation is probably the main reason why young people take up smoking and persistent and unrelenting education of the public is required so that in time the accumulation of individual decisions to give up smoking will bring about a change in social attitudes, so that smoking will cease to be the smart thing to do and the habit will decline. The tobacco industry however, will obviously do its very best to prevent a fall in its sales.

Prevention of Accidents.

Health Visitors, Midwives, Home Nurses and Home Helps are given guidance on the advice they should give to householders on how to avoid accidents. Home Helps are not normally asked to act as health educators but, as they regularly visit aged and infirm people who live alone, they are ideally suited for this task.

The loss of life due to accidents in the home is considerable. Fatal accidents in the home are more frequent than on the roads and the risk of death in this country from accidents has been illustrated in this way.

Railway Accidents: A little less than one death a day.
 Air Accidents: One death every four days.
 Road Accidents: Nineteen deaths a day.
 Home Accidents: Twenty-three deaths a day.

Domestic accidents increase every year but fortunately they have been declining in the Rhondda during the past three years and I hope that the health education activities of our staff is in some way responsible for this decline.

TABLE 61
 Number of Deaths attributed
to Accidents in the Home - 1963

MALES

Age Groups

Type of Accident	Under 1	1 +	2-4	5-54	55-64	65-74	75 +	Total
Barbitone poisoning (open verdict)	-	-	-	1	-	-	-	1
Falls	-	1	-	-	-	-	-	1
Total 1963	-	1	-	1	-	-	-	2
Total 1962	1	-	-	3	2	1	1	8
Total 1961	-	-	2	-	1	1	3	7

TABLE 62

FEMALES

Age Groups

Type of Accident	Under 1	1 +	2-4	5-54	55-64	65-74	75 +	Total
Inhalation of vomit ...	1	-	-	-	-	-	-	1
Fracture of neck of left femur	-	-	-	-	-	5	-	5
Fracture of left tibia ...	-	-	-	-	-	1	-	1
Perforation of bowel (Swallowing meat bone)...	-	-	-	-	-	-	1	1
Burns	-	-	1	-	-	-	-	1
Fracture of right femur ...	-	-	-	-	-	-	1	1
Barbitone poisoning (open verdict)	-	-	-	-	1	-	-	1
Total 1963 ...	1		1		1	6	2	11
Total 1962 ...					1	2	4	7
Total 1961 ...						4	6	10

Problem Families.

The Co-ordination Committee on children ill-treated, or neglected in their own homes meets every other month under my chairmanship. The convener is the Children's Officer and members of the Committee include senior officers of the Children's Department, a Nursing Officer of the County Health Department, the Superintendent Health Visitor, an Area Manager of the National Assistance Board, a representative of the Borough Treasurer's Department, the N.S.P.C.C. Inspector, Child Care Officers, the Health Visitors concerned, Mental Health Officers and Education Welfare Officers. The Committee acts as a case conference and members of the Committee supervise the families under discussion.

The Committee deals with a hard core of problem families where the children are neglected because the parents are unable to cope. The families are very few but they are the chronic incompetents who learn very little from experience. Usually they are of low intelligence, house-management is very poor but deliberate cruelty to children is rarely encountered.

Regular and close supervision is needed. Often, little progress is made, which can be disheartening, but there is no doubt that, without the support that the Committee's officers give, the families would deteriorate even further. The Committee is hampered in the sense that it can only advise problem families and is not able to give material help. Help, in kind, has been obtained in some instances from voluntary sources and the National Assistance Board are always prepared to assist to the maximum permitted.

The Children and Young Persons Act, 1963, Section I of which came into operation on the 1st October, 1963, places a duty on the Children's Committee to ensure that the necessary advice, guidance or assistance is provided so as to promote the welfare of children by diminishing the need to receive children into care and benefits, in kind or in cash, may be made if the local authority think fit. The Act also given power to provide for the training of problem families in household management and the provision of accommodation for that purpose.

The Home Office circular outlining the provisions of the Act states that existing arrangements which are working satisfactorily should not be disturbed nor should the Act confer a monopoly of preventive work upon the Children's Committees or their staffs. Full use of those preventive services which already exist should continue to be made. The County Council, which is the Children's Authority, has not yet formulated a scheme for promoting the welfare of children under Section I of the Act.

The following are examples of preventive work carried out by the Personal Health Services side of my Department:-

- (a) Advice and guidance by health visitors where parents are immature and unable to undertake the responsibilities of parenthood and where the children may be neglected as a result.
- (b) The provision of home help to such families where the mother has little idea of managing the home. At present, this service is subject to the regulations of the County Council as to whether the service should provide a fee or part cost or full cost according to means, but it is envisaged that under the new Act the provision of home help to "problem families" would be free.
- (c) By appealing to voluntary bodies, e.g., W.V.S., British Red Cross, British Legion and tradesmen to provide household goods, furniture, bedding and clothing for problem families. Under the Act, the County Council have power to provide material help and it is hoped that such powers will be made use of.

It would appear that problem families can only be dealt with adequately if the services provided are of a comprehensive nature and if the authorities who administer the scheme avoid any semblance of bureaucratic rigidity.

During the year seven families were supervised by the Committee and at the end of the year five families remained under supervision.

Tuberculosis.

Considerable advances have been made since the Second World War in conquering this disease and provided the rate of progress continues there is a possibility that the disease may become as rare in this country in fifteen years time as diphtheria has become today. There are, however, a few factors why may prevent the speedy eradication of this disease, viz., the emergency of drug resistant organisms and the importation of the disease from outside the country.

In 1963 there were notified 36 cases of pulmonary tuberculosis compared with 67 cases in 1960, as the undermentioned table shows -

TABLE 63
Notifications of Respiratory Tuberculosis by Sex and Age
Age Range

	0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 & Over	Total
1960 Male	1	-	-	3	2	2	8	14	12	6	48
Female	-	2	1	5	3	4	1	3	-	-	19
1961 Male	1	1	-	1	1	2	4	9	8	5	32
Female	-	-	-	-	2	2	2	3	1	1	11
1962 Male	2	1	-	-	4	4	4	8	8	8	39
Female	-	-	-	3	4	5	1	-	1	-	14
1963 Male	-	-	-	2	1	1	1	4	9	8	26
Female	-	-	-	1	2	2	3	1	1	-	10

It would be noted from the above tables that over the past four years there has been a decline in the notification rates particularly in the younger age groups. In the Thirties the incidence of the disease and the death rate in the age group 15 - 34 was very high. With the falling incidence in young people, and the rapid clearance of the disease in many cases because of early diagnosis and chemotherapy, there is every hope that improvement will also make differences felt among the elderly section of the population and in particular among the males.

The key to the battle against tuberculosis is early detection leading to early treatment and prompt investigation of patients who have suspicious symptoms. The methods used in early detection are -

- (a) tuberculin testing of young children,
- (b) the use of the Mass Radiography Service.

Serial Testing Survey.

The Medical Research Council Epidemiological Unit continued to skin test all school children in the Rhondda Fach Valley during the year to see if any child developed tuberculosis. It is the intention if any child develops this disease to take immediate steps to find out the source of infection among those in contact with it at home, at school and elsewhere and of course take measures to ensure that the child receives the appropriate treatment for the disease.

Mass Radiography Service.

The Mass Radiography Service visits factories in the Rhondda but did not provide a service for the general public during 1963. Newly appointed teachers are required to have their chests X-rayed before taking up duties. This is also the case in respect of our own staffs such as Health Visitors, Home Helps, and Home Nurses who may come in contact with people suffering from tuberculosis. Chest tests are arranged at intervals.

Research Committee - British Tuberculosis Association.

It was not possible to participate in the survey in the Upper Rhondda Fawr for the Comparative Tuberculin Testing Committee of the British Tuberculosis Association because of the shortage of medical staff.

B.C.G. Vaccination for School Children.

This vaccine is offered to four groups of people -

- (a) people who have been in contact with tuberculous patients
- (b) infants born to tuberculous parents
- (c) school children aged 13 years or over (it can be given to those of ten years and over)
- (d) nurses, doctors, and medical superintendents who come into contact with tuberculous patients.

The following table indicates the number of children vaccinated by Assistant School Medical Officers under the Authority's arrangements:-

TABLE 64

Children aged 13 and over.

	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
(i) No. skin tested	2,671	1,488	1,205	1,009	1,217
(ii) No. found positive	422	239	205	289	307
(iii) No. found negative	2,107	1,134	850	627	910
(iv) No. vaccinated	2,102	1,132	847	557	893

B.C.G. protects the school child from tuberculosis and this immunity continues for at least ten years. Unfortunately, because vaccination can be a little painful, a small proportion of school children appear to persuade their parents not to give their consent to vaccination.

After-care

The after-care of tuberculous patients is the responsibility of the Health Visitors. In carrying out their duties they explain to their patients the implications of their illness and show how it can be managed. If the patient has been discharged from hospital with a positive sputum Health Visitors make investigations into the home circumstances to enable the Authority to decide whether a bed and bedding should be provided in order to isolate the patient from his family when he continues to live at home. Such instances are rare because it is now possible in the majority of cases to patients with positive sputum to remain in hospital until their sputum is negative. Nevertheless a long period of chemotherapy is required after bacillae have disappeared from the sputum and health Visitors assist in ensuring that the patient recuperating at home co-operates with the Chest Physician in carrying out his advice.

Supply of Additional Nourishment.

Thirty patients were given additional nourishment foods, e.g. milk, eggs and butter on the recommendation of the Chest Physician. These foods are given free. In the previous year there were twenty-five patients receiving additional nourishment foods.

Chiropody Service.

On the 15th July Mr. A. L. James of Llwynypia took up duties as full time senior chiropodist in the Borough. Until that time Mr. Burland the full time senior chiropodist for the county undertook the treatment of patients at Carnegie, Ynyswen, and Ferndale Clinics, but the total amount of work he was able to do for us amounted to three days a fortnight only. With the coming of Mr. James it meant that our Chiropody Service was increased almost four-fold and it enabled us to provide a chiropody service at our seven clinics and provide a domiciliary service as well.

During the year 757 persons received treatment compared with 310 patients during the previous year. It was also possible for the waiting time patients had to wait for a further appointment to be reduced during the year.

The following table given details of the number of patients who received treatment during the year.

TABLE 65
CHIROPODY 1963.

No. of Patients who received treatment during the Year 1963.

Treatment Centre	Total	Aged		Registered Handicapped Persons						Expectant Mothers	Others	
				Blind		Physically Handicapped		Diabetic				
		Male	Female	Male	Female	Male	Female	Male	Female		Male	Female
Ynyswen Clinic	199	38	141	-	1	2	5	-	11	1	-	-
Ystrad Clinic	117	15	88	-	1	1	2	3	4	2	-	1
Court House Clinic	58	8	45	-	1	1	1	1	1	-	-	-
Trealaw Clinic	64	15	41	-	-	-	1	1	4	1	-	1
Penygraig Clinic	39	4	32	1	-	-	-	-	2	-	-	-
Ynyshir Clinic	43	9	33	-	-	-	-	-	1	-	-	-
Ferndale Clinic	147	22	106	-	3	-	4	2	9	1	-	-
Patient's Home	90	19	62	-	4	-	1	-	4	-	-	-
Totals	757	130	548	1	10	4	14	7	36	5	-	2

No. of treatments
given during the
year 1963

TABLE 66

1801 290 1265 1 27 14 34 38 114 8 - 10

The following Table shows the Chiropody case load at the end of 1963

Treatment Centre	Awaiting First Treatment	Under Treatment	Total No. of Patients
Ynyswen Clinic	33	187	220
Ystrad Clinic	24	111	135
Court House Clinic	22	56	78
Trealaw Clinic	7	58	65
Penygraig Clinic	13	39	52
Ynyshir Clinic	9	40	49
Ferndale Clinic	10	132	142
Patient's Home	34	86	120
Totals	152	709	861

Mr. James the Senior Chiropodist reports as follows:-

"I have found that all the elderly patients are most grateful for the Chiropody Service; it is an appreciated, essential service. The service has helped a great deal, in keeping the aged ambulant, and giving comfort when most needed.

One important feature of the Chiropody Service is the fact that, each patient is requested to bring a sample of urine on the first visit for treatment. This is then subjected to the urine-glucose test. Up to the time of my report, I have carried out 300 urine tests. My findings on these tests were, that two patients were possible suffering from Diabetes Mellitus. They in turn were referred to their own doctor for his investigation and further treatment.

Of the many hundreds of patients seen at the clinics, some had to be referred back to their own doctors, for special examinations, confirmation, and further treatment, or hospitalization. Such cases were ... one with sub-ungual Exostosis who was admitted to Hospital for surgery, three cases of Phlebitis, one case with a diabetic ulcer, and fourteen cases of extremely poor circulation in lower limbs.

I would like to state that I have discovered several conditions which, if they had not been treated in our clinics could have had serious results for some of our aged patients.

Diabetic Patients

Our elderly patients who are unfortunate enough to be suffering from Diabetis Mellitus are requested to attend the Chiropody clinic every six weeks in order that a most careful observation is kept on the condition of the lower limbs and feet."

Provision of Convalescence.

Arrangements are made for convalescent holidays to be provided to patients on medical advice to The Rest Convalescent Home, Porthcawl. The number of bed weeks allocated to the Borough is 90. A large number of applications are received and in the case of the chronic sick, priority is given to patients who have not been to The Rest before.

Medical Comforts

The free issue of nursing aids for the use of patients nursed at home is made from the Health Services Section or by home nurses. Issues during the years 1960 - 63 were:-

TABLE 67

<u>Items issued by:-</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
Home Nurses	136	118	107	70
Health Services Section	437	655	507	540
Totals	<u>573</u>	<u>773</u>	<u>614</u>	<u>610</u>

These medical comforts assist in the domiciliary care of patients. Towards the end of the year steps were taken to issue disposable under-pads for incontinent patients. These are paper pads and tend to be rather expensive but they do help to ensure that the patients' relatives are relieved of heavy laundry work. An example of the type of equipment issued in 1963 is as follows:-

<u>Rubber Bed Sheets</u>	<u>Bed Pans</u>	<u>Bed Rests</u>	<u>Air rings</u>
80	80	116	78
<u>Urinals</u>	<u>Invalid Chairs</u>	<u>Crutches</u>	<u>Walking Sticks</u>
48		41	32
	<u>Bed Cradles</u>	<u>Commodore</u>	
	21	18	

A follow-up letter is sent to patients every three months to enquire whether they are still in need of the equipment so that it might become available to another. Unless patients or their relatives return equipment when it is no longer needed there is likely to be a delay in meeting the requirements of others.

HOME HELP SERVICE

During 1963 the home help service assisted 818 households. 777 (95%) of these households received assistance because a member of the family was elderly or suffered from a chronic illness and because no other relative lived at home or in the neighbourhood to give this help.

At the end of the year assistance was given to the following categories of persons and a comparison is made with the position at the end of previous years.

TABLE 68	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
Whole fee charged	18	8	16	6	6	7	7
Part fee charged	99	126	151	43	52	39	36
No fee	504	506	501	650	675	695	775

For many years the strongest possible representations have been made to the County Health Committee with a view to the establishment of home helps in the Rhondda being increased. The difficulty has been that the Rhondda establishment of home helps per 1,000 population has been considerably better than in other health divisions. On the other hand because of the large number of households helped in the Rhondda the ratio of households to each home help is greater in the Rhondda with the result that less help per household can be given.

The publication by the Ministry of Health of the revised Ten Year Plan of the health authorities concerning their home help service shows that at the present time our home help service is not so well developed compared with that of most authorities although in ten years time the County Authority propose to make considerable improvements. The following table compares the position in Rhondda and Glamorgan with that of England and Wales during the year 1963 and the plan provision in subsequent years.

TABLE 69
Home Help Service.

Number of Home Helps (full time equivalent) per 1,000 population.

	<u>1963</u>	<u>1964</u>	<u>1968</u>	<u>1973</u>	
England and Wales	.59	.62	.73	.79	
Wales	.63	.66	.80	.87	
Glamorgan ...	.45	.48	.70	.81	*
Rhondda ...	.57	.61	*	*	Not decided

It will be seen that the County Council have recognised the special difficulties that occur in the Rhondda and about 1/6th of the total home help strength is allocated to the Borough. In spite of a more generous allocation of home helps the Rhondda householder tends to receive less help than his counterpart in the rest of the County because the Rhondda home help assists on average more householders as the following table indicates.

TABLE 70	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
Maternity ...	19	19	11	21	12	11	6	7
Tuberculosis ...	20	18	15	11	16	13	11	7
Acute Sick ...	54	57	64	44	52	40	30	11
Aged, Infirm and Chronic Sick	456	492	461	565	598	645	663	777
Blind	14	19	22	12	10	17	24	8
Mental	-	-	-	-	-	-	7	8
Others	17	16	67	15	11	7	-	-
	<u>580</u>	<u>621</u>	<u>640</u>	<u>668</u>	<u>699</u>	<u>733</u>	<u>741</u>	<u>818</u>

TABLE 71

Ratio of Householders to each Home Help (full time equivalent)
Aged Infirm and Chronic Sick

	Rhondda	County (including Rhondda)	County (excluding Rhondda)
1959	13.5	10.7	10.2
1960	13.3	11.0	10.6
1961	13.7	11.2	10.7
1962	12.5 +	11.2	10.9
1963	13.6	-	-

+ In 1962/63 the Rhondda establishment was increased by 6 on 1st October 1962, i.e., during second half of financial year. If this increase was averaged over the full financial year, i.e., 3, the ratio would be 13.3

Ratio of Householders to each Home Help (full time equivalent)
All Householders

TABLE 72

	Rhondda	County (including Rhondda)	County (excluding Rhondda)
1959	15.9	13.3	12.8
1960	15.5	14.1	13.4
1961	15.6	14.1	13.8
1962	14.0 *	13.8	13.7
1963	14.4	-	-

* In 1962/63 the Rhondda establishment was increased by 6 on 1st October 1963. If this increase was averaged over the full financial year, i.e., 3, the average would be 14.8

The Ministry of Health have indicated that every householder who needs the services of a home help should have help at least two half days a week and at present the great majority of such householders receive help for only one half day a week. There is little doubt that the home help service needs to be developed on a much greater scale than at present. The Ministry of Health indicated in their report for the year 1963, Cmd 1973, that in most areas the ratio of home helps proposed for the year 1972 would be too low.

The home help service is one of the major factors in preventing the breakdown of aged people in their own homes and, without this service, it would be necessary for many aged people to be admitted either to hospital or to homes for the aged. There is no doubt that the home help service will continue to grow. A survey made by the Epidemiological Section in 1963 showed that 1,645 aged women and 355 aged men lived alone, i.e., 24.6 per cent. of aged women and 7.5 per cent of aged men living in the community. In future, there will be a greater tendency for more aged men to live alone because they will not have relatives or children with whom they can live in the locality. These men will obviously make demands on the home help service.

In November 1963, it was ascertained that of the 512 households receiving home help during that month because the householders were aged 65 years of age or over, in 70 per cent. of the households an aged person lived alone, in 22 per cent. of the households married couples lived along and in the remaining 8 per cent. of the households old people lived with relatives who were unable to help. These relatives were unable to help because the relative was elderly, e.g., where two elderly sisters lived together or because the younger relative was ill or mentally or physically handicapped. The following tables give details of the households assisted by the home help service during the month of November.

Classification of cases aged 65 and over

TALBE 73(a)

Ages	Old person living along	Man and wife living alone	*Old person living with relatives unable to help	Totals
65-69	72	25	8	105
70-74	97	33	8	138
75-79	95	26	8	129
80-84	72	21	11	104
85-89	19	7	4	30
90 +	4	-	2	6
Totals	359	112	41	512
Percentages	70.1	21.9	8.	100

Classification of Blind Cases.

TABLE 73 (b)

Ages	Blind Person living alone	Man and wife living alone	Blind Person living with relative unable to help	Totals
50-54	2	2	1	5
55-59	-	2	-	2
60-64	-	1	-	1
Totals	2	5	1	8

Classification of Mental Health Cases.

TABLE 73 (c)

Ages	Mentally ill Persons living alone	Man and wife living alone	Mentally ill person living with relative unable to help	Totals
50-54	1	-	-	-
55-59	-	-	-	-
60-64	-	1	-	-
Totals	1	1	-	2

Classification of T.B. Cases. TABLE 73 (d)

Ages	T.B. Person living alone	Man and Wife Living alone	*T.B. Person living with relative unable to help	Totals
50-54	-	1	1	2
55-59	-	-	-	-
60-64	1	-	3	4
Totals	1	1	4	6

Classification of Acute Sick cases. TABLE 73 (e)

Ages	Sick Person living alone	Man and wife living alone	*Sick Person living with relative unable to help	Totals
45-49	1	-	-	1
50-54	3	-	-	3
55-59	-	-	-	-
60-64	-	2	1	3
Totals	4	2	1	7

Classification of Chronic Sick Cases.

TABLE 73 (f)

Ages	Ill person living alone.	Man and wife living alone	*Person living with relatives unable to help	Totals
30-34	-	-	2	2
35-39	-	-	-	-
40-44	3	-	-	3
45-49	2	-	1	3
50-54	5	6	3	14
55-59	11	4	3	18
60-64	21	16	4	41
Totals	42	26	13	81

In conclusion, I wish to pay tribute to the remarkable way in which the Rhondda home helps do their work under the guidance of their Supervisor Miss Bowen. The home help service is very much a personal service and householders can become attached to their home helps and look forward to their weekly visits. When old people are ill or troubled, it is the home help that they invariably send for. Because of this closeness that exists between the home help and her patients, the home help notifies me through her supervisor of any impending breakdown so that the general practitioner can be informed and greater support given from the home nursing and health visiting services.

CARE OF THE AGED

During my annual report to the Rhondda Divisional Health Committee for the year 1959 I reported that there were many services for old people but good work that was being done would be hampered if services were allowed to exist in isolation instead of assisting and supporting each other. I said that an attempt was made from the Divisional Health Office to achieve a measure of co-operation between the services.

Since then, I am glad to say, that much has been done to co-ordinate the various services for the elderly. The Government issued an important policy circular on the matter in March 1961 asking for co-operation between the housing, health and welfare authorities and voluntary organisations. In 1962 local authorities were asked to prepare plans for the needs of the elderly outside hospital and the National Assistance Act 1948 (Amendment) Act 1962 empowered the Borough Council to provide meals on wheels and recreational facilities for the aged.

My previous reports as Divisional Medical Officer or as Medical Officer of Health for the years 1960, 1961 and 1962 have dealt at length with the problems of the aged.

As the Committee know there are nearly 12,000 persons aged 65 and over living in the Rhondda but the ratio of aged to the whole population is not higher than that for the country. 2,000 aged persons live entirely alone. About 20% of people aged 70 and over are housebound.

The services available for the elderly by the Personal Health Services are -

- (i) Home Nursing
- (ii) Night Care
- (iii) Home Help
- (iv) Sick room comforts
- (v) Chiropody
- (vi) Convalescent holidays
- (vii) Advice and social care from health visitors.

MENTAL HEALTH SERVICE

The Mental Health Services were delegated to the Borough on the 1st July 1962. During 1963, therefore, the Borough were responsible for the administration of these services throughout the year.

The Mental Health Services are provided under the Mental Health Act, 1959, which introduced "mental disorder" as a new term covering all forms of mental ill health and four main categories are recognised.

(a) Mental Illness.

This covers any kind of mental illness which is an acquired condition.

(b) Severe Sub-normality.

This means an arrested or incomplete development of the mind, so severe that the patient is incapable of leading an independent life, or safeguarding himself from exploitation.

(c) Sub-normality.

This means an arrested or incomplete development of the mind which includes sub-normality of intelligence and requires special care or training but does not amount to severe sub-normality.

(d) Psychopathic Disorder.

This means a persistent disorder or disablement of the mind (whether or not including sub-normality of intelligence) which results in abnormality aggressive or seriously irresponsible conduct on the part of the patient and requires or is susceptible to medical treatment or care or training under medical supervision.

The Act provides that a patient could enter any hospital where the appropriate treatment is available without any formal procedure of application for admission. Compulsory admission would be applied only to those few patients who could not recognise their need for treatment and for whom treatment was not merely desirable but necessary in their own interest or for the protection of others. The advances in mental treatment during the past few years has been exceptionally rapid and under the Ten Year Plan it is estimated that hospital beds for the mentally ill in Wales will fall from 8,740 to 4,590. This is not because fewer patients are entering hospital, in fact there has been a marked increase in the past five years, but because the full length of stay in hospital has fallen and the chronic condition is becoming rare.

These signs are encouraging but the policy of early discharge of mentally ill patients from hospital places a heavy demand on the local authority community care services and particularly on the Health Welfare Officers who assist in the after care of patients who need their assistance.

Community Care Services

These services are not at present adequate or sufficiently comprehensive to meet the requirements of all categories of mentally disordered persons. At the end of 1963, 192 mentally ill patients and 227 mental subnormal persons were receiving home visits by Health Welfare Officers. This represents a ratio of 1.92 mentally ill and 2.27 mentally subnormal persons per thousand population. At the end of the year 1962, the ratio was 1.55 mentally ill and 2.19 mentally subnormal persons per thousand population.

One can expect a ratio of at least 2 mentally ill persons and 3 mentally subnormal persons per thousand population living in the community who will need community care. The Young Husband Report considered that an area with a population of 100,000 should have one psychiatric social worker and four mental health officers, a total of five officers.

During 1963, we had only two health welfare officers who could not possibly devote the time that the mentally disordered patients really needed to help them live as normal a life as possible. The County Council agreed to an additional health welfare officer being appointed during the financial year 1964/65 and it is proposed to engage additional officers until the staff complement is five health welfare officers.

The health welfare officers maintained close links with general practitioners. After care visits are made to mentally ill patients at the request of medical superintendents of the hospitals and written reports by the health welfare officers are sent at regular intervals to the medical superintendent concerned. The progress of particular patients is discussed at monthly conferences held between the consultants and the health welfare officers.

Most patients and their relatives are appreciative of the advice and support given by our officers.

In the majority of cases patients are admitted to psychiatric hospitals or psychiatric wards of general hospitals informally, that is to say voluntarily and freely by arrangement between the general practitioner and the consultant psychiatrist. In some instances patients are admitted under compulsion because they do not recognise their need for treatment. 59 patients, however, were admitted for observation in case of emergency. In the majority of cases, these patients were admitted for observation at the request of the hospital service. The frequent use of this procedure is in my view open to question.

TABLE 74
Number of Mentally Handicapped Patients - 31.12.63

	Subnormal				Severely Subnormal			
	Under Age 16		16 and over		Under Age 16		16 and over	
	M	F	M	F	M	F	M	F
Total	-	1	74	54	19	18	32	29
Attending Day Training Centre	-	-	5	6	12	10	10	7
Receiving home visits but not receiving care at Training Centre, hostel or home training	-	1	69	48	7	8	22	22

TABLE 75

	Number of mentally ill Patients				Total of all groups of mentally disordered Patients (Mentally ill and mentally handicapped)				Grand Total
	Under Age 16		16 & over		Under Age 16		16 & over		
	M	F	M	F	M	F	M	F	
Total	-	-	84	108	19	19	190	191	419
Attending Day Training Centre	-	-	-	-	12	10	15	13	50
Receiving home visits but not receiving care at Training Centre, hostel or home training	-	-	84	108	7	9	175	178	369

TABLE 76
No. of Patients referred to local Health Authority in 1963.

Mentally ill

	Under Age 16	16 and over		Psychopathic	Total
		M.	F.		
General Practitioners	-	2	26	-	28
Hospitals, on discharge from in-patient treatment	-	5	19	-	24
Hospitals after or during out-patient or day treatment.	-	-	2	-	2
Police Courts ...	-	-	3	-	3
Other sources ...	-	6	25	-	31
Total ...	-	13	75	-	88

TABLE 77(a)

No. of Patients referred to local Health Authority in 1963.

	Total	Subnormal				Severely Subnormal			
		Under Age 16		16 and over		Under Age 16		16 and over	
		M	F	M	F	M	F	M	F
General Practitioners ...	-	-	-	-	-	-	-	-	-
Hospitals, on discharge from in-patient treatment ...	-	-	-	-	-	-	-	-	-
Hospitals after or during out-patient or day treatment	-	-	-	-	-	-	-	-	-
Local Education Authorities	5	1	1	3	2	1	1	-	-
Police Courts	-	-	-	-	-	-	-	-	-
Other sources	2	-	-	-	2	-	-	-	-
Total	7	1	-	3	2	1	-	-	-

TABLE 77(b)

Community Care Visits undertaken by Health Welfare Officers in 1963.

Pre Care Visits		After Care Visits		Subnormal			
				Reports		No Change	
M	F	M	F	M	F	M	F
36	284	432	636	56	156	318	117

Miscellaneous Visits

276

Non-effective visits

113

Total Visits

2,424

WELFARE SERVICES

FOREWORD

I have pleasure in submitting to the Health and Welfare Services Committee a report on the work of that section of my Department dealing with the provisions of Welfare Services for the aged, handicapped (including deaf), the blind and partially sighted, and other in Rhondda; under the statutory provisions of the National Assistance Act, 1948, and the Scheme of Delegation, for the year ended 31st March, 1964.

With regard to the provision of Residential Accommodation, at the close of the year to which this Report relates, Fairfield, the 33 place Home at Trealaw, is the only Home available for residential accommodation purposes. Clydach Court, a 60 place Home, is scheduled for completion in mid 1964.

The following summarises the provision of existing Homes, and the future programme in this connection:-

<u>Existing Provision</u>		<u>Under Erection or in Planning Stage</u>		<u>Projected under 10 year Plan</u>			
				<u>1964/69</u>		<u>1969/74</u>	
<u>Homes</u>	<u>Beds</u>	<u>Homes</u>	<u>Beds</u>	<u>Homes</u>	<u>Beds'</u>	<u>Homes</u>	<u>Beds</u>
1	33	1	60	5	175	-	-

Services for the physically handicapped, the blind and partially sighted, and the deaf, have been maintained. These include registration, issue of pastime occupation materials, aids to overcome disabilities, adaptations to premises, and establishment and administrative work in relation to the services provided.

With reference to the work of the Department in general, I would like to thank all members of my staff for their continuing loyal support and help. I would also like to thank my fellow Chief Officers and their staffs for their continued co-operation, in addition to Mr. J. H. Bargh, Director of Welfare Services, Glamorgan County Council, and his staff, including the Technical Officers for their assistance.

Finally, I record my appreciation to the Chairman and Members of the Health and Welfare Committee for their help and understanding.

Residential Accommodation

As at the 31st March, 1964, the only Home that continues to provide residential accommodation for persons "who by reason of age, infirmity, or any other circumstance, are in need of care and attention, which is not available to them" is Fairfield, Trearlaw. The following table gives details of the accommodation available at the Home.

TABLE 78

Distribution of Accommodation available at Fairfield

Accommodation			Floor	Distribution of Accommodation						Total for each Floor
				In Single Rooms		In Double Rooms		In Rooms for three or more residents		
M.	F.	Total		M.	F.	M.	F.	M.	F.	
16	17	33	Gr. 1st	12 -	11 -	2 2	- 6	- -	- -	25 8

Admissions to Homes for the Aged

Owing to the fact that there is still only one Home for the Aged in Rhondda, it has been necessary to seek the co-operation of Glamorgan County Council in placing applicants outside the Rhondda. As a result, 7 males and 5 females were thus admitted. During the same period, 1 male and 6 females were admitted to Fairfield.

Table 79 shows admissions and discharges from Fairfield for the period 1st April, 1963, to 31st March, 1964.

TABLE 79

Admissions and Discharges from Fairfield

New Admissions				Discharges		Deaths		Transfers to Hospitals		Re-admissions from Hospital	
from private accomm.		from hospitals									
M	F	M	F	M	F	M	F	M	F	M	F
-	3	1	3	-	1	1	-	3	5	1	2

Table 80 shows the classification by ages of residents at Fairfield as at 31st March, 1964.

TABLE 80

Ages	Under 65		65-69		70-74		75-79		80-84		85-89		90-94		95-99		100 and over		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	1	2	1	3	4	3	6	-	2	3	1	4	1	1	-	1	-	-	16	17

Compulsory removal of persons in need of
Care and Attention.

No action was taken under Section 47 of the National Assistance Act, 1948, during the year.

Amenities for Residents

Residents at Fairfield continue to enjoy all those amenities which one would expect in a good home and are provided with sweets, tobacco, newspapers and periodicals, haircutting and shaving services, library facilities, indoor games, etc. Television and radio also contribute towards the residents' leisure activities and visits from friends and relations are encouraged. Each resident is free to retain the services of the general practitioner of their choice, and chiropody services are also provided.

Annual Outing, 1964.

On the 11th June, 1963, the residents of Fairfield held their Summer Outing to Langland Bay and Porthcawl.

This is a regular feature of the residents' activities, and the Matron of the Home makes the necessary arrangements.

Transport, Lunch and Tea and provided out of Estimates for this function.

Annual Holiday.

On the 25th April, 1963, 8 residents from Fairfield, in company with residents from other Homes in the County, went for a week's holiday to Weston-super-Mare. No retaining fee was charged for residents' accommodation at the Home, and transport costs, meals en route, and other incidental expenses were met by the Authority.

Charges for Residential Accommodation.

Section 22 of the National Assistance Act, 1948, requires residents in Residential Accommodation to pay the standard rate fixed by the Authority or such lesser amount as may be determined in any particular case, according to the individual's means. The standard charge at the 31st March, 1964, was £8.12.3d. per week. At this time, no resident at Fairfield was liable to pay the standard charge; 19 residents paid the minimum charge, and 14 residents paid various intermediate charges.

Gifts and Entertainments.

The practice of giving donations to the Home by local firms, organisations and members of the public, has continued, and these, along with various entertainments provided by various groups, has once again supplemented the comprehensive range of statutory services provided for the residents of Fairfield.

Letters of appreciation are sent, on behalf of all concerned, to the individuals or organisations involved, and it may be recorded that the residents are very appreciative of such gestures.

Ordinary Residence.

As at the 31st March, 1964, no accommodation was being provided at Fairfield on behalf of another Authority, as provided for in Section 24 of the National Assistance Act, 1948.

Residential Accommodation under Section 26 of the National Assistance Act, 1948.

As at the 31st March, 1964, 6 men and 3 women, maintained by the Department, were accommodated at the following Voluntary Homes under the provisions of Section 26 of the National Assistance Act, 1948:-

	<u>Men</u>	<u>Women</u>
Langho Epileptic Colony, Blackburn ...	1	-
Chalfont Epileptic Colony, Bucks. ...	1	1
British Legion Home, Bwlch, Brecon ...	2	-
Danybryn Cheshire Foundation Home, Radyr.	1	-
Dorincourt Estates, Leatherhead	-	1
Star and Garter Home, Surrey	1	-
Royal School for the Blind, Leatherhead.	-	1
	<u>6</u>	<u>3</u>

Some Human Aspects of the Service

Although it may be necessary to admit to residential accommodation some applicants who find themselves in difficulties due to their own shortcomings, other admissions may be effected as a result of circumstances surrounding the applicant over which he or she has little control. The following are examples of this may be noted:-

A single lady of 62 years had, with great difficulty, cared for her aged sister for many years. The applicant was handicapped by a curvature of the spine and, on the death of her sister, found it increasingly difficult to cope with the day to day management of her affairs. As a result, her health and general condition deteriorated, and an admission to Fairfield was arranged in January, 1964. Since this time, her outlook on life has improved considerably and she is now receiving more care and attention than she has been able to afford herself for years.

Another lady of 84 years had been accommodated for varying periods over the past 12 years by various distant relations. At the time of her application for accommodation she was living with a niece and her husband, both of whom were in regular employment. As a result, the old lady was left for considerable periods on her own and, by reason of age and infirmity, was unable to afford herself any real degree of care and attention. Her health deteriorated as a result, and she became very unsteady on her feet; also she was unable to provide herself with adequate meals. She was admitted to Fairfield on the 5th February, 1964, and has since improved considerably in mobility and general demeanour.

An example of the way in which other difficulties relating to accommodation can be resolved may be seen from the following:-

The applicant called at the Department's Office and informed me that, following a legal separation, he had been refused re-admittance to his former home. After some discussion, he was advised to contact the National Assistance Board with a view to this body obtaining accommodation for him at a Reception Centre. This, he subsequently failed to do, and slept "rough" for the next two nights, finally presenting himself at the home of one of the members of the Borough Council. The member in turn contacted the Senior Social Welfare Officer of the Department, who, having regard to the man's physical and mental state, arranged with the County Authorities for him to be admitted as a matter of urgency to Graig, Pontypridd. A permanent stay was later arranged.

TEMPORARY ACCOMMODATION

Under Section 21(1)(b) of the National Assistance Act, 1948, County and County Borough Councils are required to provide temporary accommodation for persons homeless, in circumstances which could not reasonably have been foreseen or in such other circumstances as the Authority may in any particular case determine. There is no statutory

duty on the Authority to provide accommodation for families rendered homeless as a result of non-payment of rent or in other circumstances clearly attributable to the family's own default. However, in common with the majority of Welfare Authorities, the Glamorgan County Council, on humanitarian grounds, provides temporary accommodation for these families when no alternative can be found.

Two different approaches are demanded by Section 21(1)(b) of the National Assistance Act, 1948. There is an obligation to provide accommodation for families made homeless by fire, flood or other emergency and, in this respect, some 7 Halls can be utilised for an "on the spot" service, e.g. the provision of light refreshments from stocks held at Fairfield Home for the Aged during the initial period of homelessness, utilised until such time as the School Meals Service can be brought into operation.

During the year, a few incidents occurred in Rhondda, as indicated below:-

- 15th April, 1963 - Landslip at 105 to 111 Dinas Road, Dinas.
- 27th May, 1963. - Danger of landslip at 88 and 89 Dinas Road, Dinas.
- 2nd March, 1964 - Fire at 1 Avon Terrace, Ynyshir.

As a result of the second incident above, a family consisting of 2 Men, 2 women, and 1 child, were temporarily accommodated in a local hall, and later rehoused.

During the period to which this report refers, viz. 1st April, 1963, to 31st March, 1964, it will be observed from Table in the Appendix that 27 applications for temporary accommodation were dealt with. 5 mothers and 18 children were admitted.

Temporary Protection of Moveable Property of Persons Admitted to Hospital and Residential Accommodation.

Section 48(1) of the National Assistance Act, 1948, concerns the responsibility for the protection of moveable property of persons admitted to hospital or residential accommodation, where it appears that there is danger of loss or damage and no other suitable arrangements have been made. This function is still exercised by the County Authorities.

Mental Patients-Receivership

Persons, who, because of mental infirmity, are incapable of managing their affairs are not in a position to authorise an Agent to act on their behalf. In these circumstances, it is desirable for application to be made to the Court of Protection for appointment of a legally constituted Agent termed a "Receiver". This function again has not been delegated to the Authority, and is still exercised by the Director of Welfare Services of the County of Glamorgan.

Staffing - Fairfield Home for the Aged, Trealea.

As at the 31st March, 1964, the Staff at Fairfield consisted of Superintendent Matron, 2 Resident Attendants on the Aged, 1 Non-Resident Attendant on the Aged, 3 Domestic Assistants, 1 Domestic/Attendant and 1 Part-time Labourer/Handyman. Also residing in the Home is the husband of the Matron.

Training Courses for Matrons and Assistant Matrons.

During the year ended 31st March, 1964, one Attendant on the Aged at Fairfield was granted leave of absence to attend the 18th Training Course for Matrons and Assistant Matrons of Old People's Homes, organised by the National Old People's Welfare Council. The Course extended from the 18th February, 1963, to the 29th May, 1963.

In addition, Committee also authorised the attendance of the Matron of Fairfield to the 8th Special Emphasis Course on Increasing Frailty and Care of Mentally Infirm Residents from the 16th March to 24th June, 1964, but this Course unfortunately did not materialise.

PART II. THE HANDICAPPED PERSON

Welfare of the Handicapped.

The Borough Council exercises, under the Scheme of Delegation, the provisions contained in Section 29(1) of the National Assistance Act, 1948, which states that "a local authority shall have power to make arrangements for promoting the welfare of persons to whom this section applies, that is to say, persons who are blind, deaf or dumb and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister".

As at the 31st March, 1964, the total number of persons in Rhondda in the 3 main groups of the Register of Handicapped Persons are shown in Table 81.

TABIE 81

Generally Handicapped Register	Deaf Register	Hard of Hearing Register	Total
1,063	6 Deaf with speech 34 Deaf without speech	16	1,119

Table 82 below shows the distribution of registered handicapped persons by age groupings and sex.

TABLE 82

Disability	Sex	0-15	16-20	21-40	41-50	51-64	65 and over	Totals at 31st March, 1964.	
Deaf with speech	M	-	-	1	1	1	-	3	6
	F	-	-	2	-	-	1	3	
Deaf without speech	M	2	2	6	2	3	2	17	34
	F	-	2	8	1	3	3	17	
Hard of Hearing	M	-	-	-	-	3	2	5	16
	F	-	-	1	-	5	5	11	
General Classes	M	6	6	104	93	258	229	696	1,063
	F	1	14	90	55	119	86	367	
Totals		9	24	212	152	392	330	1,119	1,119

Tables 83 below give a more detailed analysis by disability of the 1,063 persons in the "General Classes" portion of the Authority's Register of Handicapped Persons.

TABLE 83

Disability	
Amputations	47
Arthritis and Rheumatism	120
Congenital Malformation Deformation	20
Diseases of the Digestive and Genito/Urinary Systems, Heart Circulatory or Respiratory and of the Skin.	384
Injuries of the Head, Face and Thorax, Abdomen, Pelvis or Trunk, Injuries or Diseases of Upper and Lower Limbs and Spine.	98
Organic Nervous Diseases; Epilepsy, Disseminated Sclerosis, Polio, Sciatica, Hemiplegia, etc.	172
Neurosis, Psychoses, and other Nervous and Mental Disorders not included above.	125
P.B. Respiratory	27
P.B. Non-Respiratory	15
Diseases and Injuries not Specified above	55
Total	1,063

TABLE 84

Register of Handicapped Persons as at 31st March, 1964.
 (Including Deaf and Hard of Hearing).

Disability	
A. GENERAL CLASSES	
1. Amputation - one arm	8
2. Amputation - two arms	1
3. Amputation - one leg	20
4. Amputation - two legs	5
5. Amputation - Others	12
6. Rheumatism	120
7. Congenital Malformation	19
8. Diseases of Digestive System	23
9. Diseases of the Genito/Urinary System	8
10. Diseases of Heart	74
11. Pneumoconiosis	209
12. Bronchitis	64
13. Diseases of Skin	5
14. Injuries of Head and Trunk	11
15. Injuries of Lower Limbs	45
16. Injuries of Shoulder or Arm	13
17. Injuries of Spine	27
18. Neurosis	13
19. Epilepsy	35
20. Other Nervous Diseases	175
21. Mental Deficiency	50

Continued

Continued

Disability												
22. Other Mental Disorders	...	...	...	...	...	...	...	...	...	...	...	14
23. T.B. Pulmonary	...	...	...	...	...	...	...	...	...	...	...	28
24. T.B. Surgical	...	...	...	...	...	...	...	...	...	...	...	14
25. Others	...	...	...	...	...	...	...	...	...	...	...	70
B. DEAF WITH SPEECH	...	...	...	...	...	...	...	...	...	...	...	6
DEAF WITHOUT SPEECH	...	...	...	...	...	...	...	...	...	...	...	34
C. HARD OF HEARING	...	...	...	...	...	...	...	...	...	...	...	16
Total												1,119

Establishment - Social Welfare Officers

At present there are 8 Social Welfare Officers operating on integrated visited service to the Blind, Partially Sighted and Generally Handicapped in Rhondda. Another Social Welfare Officer is undergoing a course of in-training under the Glamorgan County Scheme whilst yet another has been released to attend a 2 year full-time Younghusband Course in Social Work at Llandaff Technical College.

As hitherto, the services of a Social Welfare Officer to the Deaf on a part-time basis is still available, as are the services of one of the Glamorgan County Council Technical Officers and one Assistant Technical Officer. Both these Officers attend in Rhondda on an approximate one day a week basis to advise on Works of Adaptation in homes of handicapped persons.

Table 85 shows the disposition of the service, Case Loads, Areas, and other relevant details.

TABLE 85

Field Officer	Case Load			Details of District	Responsible for Social/ Handicraft Centre at
	Blind and P.S.	Gen. Hand.	Total		
Miss J. M. Roberts. (car)	48	116	164	Blaencwm, Blaenrhondda, Treherbert.	Ynyswen Centre for Generally Handicapped.
Mr. E. M. Jones,	49	123	172	Treorchy, Cwmparc.	Ynyswen Blind Centre.
Mrs. G. Williams,	45	104	149	Pentre, Ton Pentre, Gelli.	Maes-yr-Haf, Trealaw, Centre for Generally Handicapped.
Miss E. M. P. Thomas, (Trainee S.W.O.)	44	73	117	Clydach Vale, Blaenclydach, Tonypandy.	-
Miss J. Ward,	46	97	143	Ystrad, Llwynypia.	-
Mrs. J. Davies, (car).	63	163	226	Trealaw, Penygraig, Williamstown, Penrhiwfer, Edmundstown.	-
Mr. T. T. John,	76	101	177	Dinas, Porth, Trehafod, Trebanog.	Y.M.C.A. Porth Centre for Generally Handicapped.
Mr. R. Morgan,	54	126	180	Ynyshir, Wattstown, Pontygwaith, Stanleytown, Tylorstown.	Maerdy Centre for Generally Handicapped.
Mr. R. Searle, (car)	59	150	209	Ferndale, Blaenllechau, Maerdy.	Porth Blind Centre, "Arosfa", Porth
Vacancy *	-	-	-		
Totals	484	1,053	1,537		

* Vice. Mrs. E. Evans (Training)

Social Welfare Officer	Hard of Hearing	Deaf with Speech	Deaf without Speech	Total	Details of District	Responsible for Social Centres
Mr. P. Dalladay.	16	6	34	56	Rhondda	Parc and Dare Institute, Treorchy.

During the period 1st April, 1963 to 31st March, 1964, a total of 7,280 visits were made by the Social Welfare Officers to the Blind and Generally Handicapped persons in their homes, and a further 119 visits were made to the Deaf and Hard of Hearing.

I quote below some extracts from reports of Social Welfare Officers to show how diversified their work can be, even on routine visiting:-

"By the generosity of the Welfare Committee, Mr. P. was enabled to spend a week at Weston-super-Mare this autumn. Besides being deaf, he is a semi-invalid and travelled with his wife who attended to his needs. He was grateful for this opportunity to have a holiday which he could not otherwise have had."

"Mr. T. M. is suffering from Disseminated Sclerosis. He is, however, an extremely determined man and, after saving diligently for the past three years, he will shortly be leaving this country on a pilgrimage to Lourdes, France, in the hope that he may be cured."

"It was with great pleasure that arrangements were made on behalf of Mr. H., Treherbert, to visit two friends who were resident at Fairfield. This visit was greatly appreciated by the three old friends."

"Mr. and Mrs. L. have recently been learning craftwork. The husband is a registered handicapped person and his wife is blind. They have been able to help each other in their work, and this joint interest has resulted in a definite improvement in their general health and morale."

"Mr. D. This elderly blind gentleman had been repeatedly advised to apply for a transistor hearing-aid, but remained unconvinced. The Home Teacher enlisted the aid of Miss M. Smith, Supervisor of Home Teachers for the County, and between them, managed to persuade Mr. D. He now uses his hearing aid regularly and reports that it makes life a lot easier for him, and that, for instance, he can now listen to the wireless for the first time in years."

"Mrs. P. N., a totally deaf and totally blind person, is making great strides with the deaf/blind manual. Until now, her only form of communication was by block capitals, but she has now learnt the deaf/blind manual. Even if the two systems are mixed, she still understands. She knits dish-cloths very quickly, and has also made a rug."

"Mr. G. G. This man, who is deaf without speech, lives alone. His sister, with whom he lived, died early this year. His living conditions are poor. He has refused to make an application for Part III Accommodation. The Social Welfare Officer helped him to make an application for a home help, which has now been provided. In addition, the S.W.O. was present when the Public Health Inspector made an inspection of the premises and later when the house was disinfested."

Social Handicraft Centres.

In the period under review, 4 Centres were provided for the physically handicapped in the Borough of Rhondda, and 2 for the Blind and partially sighted, and 1 for the deaf and hard of hearing. This excludes the monthly "Centre Meeting" arranged in conjunction with the County Council, for the Deaf/Blind at Holly House, Pontypridd.

Table 86 gives an indication of the average attendance at Social/Handicraft Centres for the Generally Handicapped.

TABLE 86

Centre	Venue	Afternoon	S.W.O.	Av. Weekly Attend.	
				1963/64	1962/63
Trealaw	Maes-yr-Haf Educational Settlement.	Wednesday, 2.0 p.m.	Mrs. G. Williams	26	24
Porth	Y.M.C.A., Porth.	Thursday, 2.0 p.m.	Mr. T.T. John.	23	21
Maerdy	Workmen's Hall and Institute.	Thursday, 2.0 p.m.	Mr. R. Morgan.	36	33
Treorchy	Ynyswen Social Welfare Hall.	Tuesday, 2.0 p.m.	Miss J.M. Roberts.	31	32

Table 87 sets out similar details in respect of Social/Handicraft Centres for the Blind.

TABLE 87

Centre	Venue	Day and Time	S.W.O.	Activities	Av. Attendance of Blind Persons and Guides	
					1963/64	1962/63
Porth	Porth & District Old People's Social Centre.	Tuesday, 2.0 p.m.	Mr. R. Searle.	Social	42	40
Porth	Porth & District Old People's Social Centre.	Tuesday, 2.0 p.m.	S.W.O.s responsible in turn.	Dancing	20	20
Porth	Porth & District Old People's Social Centre.	Friday, 2.0 p.m.	Mr. R. Searle. Miss J. Ward.	Handicrafts	25	20
Treorchy	Ynyswen Social Welfare Hall.	Wednesday 2.0 p.m.	Mr. E.M. Jones	Social	36	34

Table 88 sets out details in respect of Social Centre for the Deaf and Hard of Hearing.

TABLE 88

Centre	Venue	Evening	S.W.O.	Av. Weekly Attend.	
				1963/64	1962/63
Treorchy	Parc & Dare Institute, Treorchy.	Monday, 6 p.m. - 9.15 p.m.	Mr. P. Dalladay	15	16

Most Centres have a planned programme of activities - outings, entertainments, occupational craftwork, etc., and each has its own personality.

It is the practice to encourage handicapped persons to attend Social/Handicraft Centres by meeting the cost of travelling expenses. In some instances, this also entails meeting the expenses of escorts or guides. During the period 1st April, 1963 to 31st March, 1964, a total of £604.12.6d. was spent on this service.

Whilst the integration of the visiting services has now been completed, as yet, no general merging of the Centres for the Blind, the Handicapped and the Deaf, has taken place, but it is hoped that experimentation to this end will take place in the future.

The wide variety of activities followed at your Social/Handicraft Centres may be gauged from the following extracts from Field Officers' reports:-

"The standard of articles made at the Porth Handicraft Centre for the Blind has improved considerably. The most popular crafts are stoolmaking, rugmaking and basketwork."

"Instruction in canework was started at the home of a blind person who, after encouragement, continued his instruction at the Craft Centre in Porth. He has passed on from canework to stool-seating and now regularly attends Centres."

"A new pastime hobby was introduced in M. Centre - the making of Continental Raffia Bags. It was gratifying to see the girls who were slightly retarded, making good progress with them."

"Canework is still very popular at T. Centre - stoolmaking being second in interest."

"Much time and energy was expended in diversional pastime occupations in readiness for our first Exhibition of Craft Work made by registered blind and handicapped persons resident in Rhondda. This proved a tremendous success both to the homebound and Centre members."

"Most persons do well at rugmaking as a pastime occupation, especially those suffering from the effects of hemiplegia. These people can be taught embroidery stitches which can be done using only one hand."

"The usual diversional pastime occupations were pursued both at Centre and in the homes; stool-making, rugmaking, basketry, leathercraft, painting, knitting and mosaicry, being the most popular":

"The popular pastime crafts both at home and Centre have been rugmaking, stool-making and canework. Many of our clients appreciate the value of this section of our service. A considerable number of craft issues have been delivered."

With regard to the Centre for the Deaf at Parc & Dare Hall, Treorchy, this continues to meet on a Monday evening under the supervision of the Social Welfare Officer, Mr. P. Dalladay, and is mainly of a social nature, its members being young employed persons.

For the first time, under the direction of the newly formed Rhondda Voluntary Society, an Exhibition and sale of craft materials was held at Treorchy on the 29th June, 1963. This was an unqualified success.

During the year, interest in the Dancing Class for the Blind at Porth aroused such interest among the Generally Handicapped that a request was made to allow some Generally Handicapped to attend. This was granted and, in addition, the expenses of those handicapped persons and escorts were met.

Inter Centre Visits.

Treorchy Centre for the Deaf visited Aberdare Centre on the 14th November, 1963. The total cost involved was £5.10.0d.

Maes-yr-Haf and Porth Centres for the Generally Handicapped visited Neath Social Centre on the 18th March, 1964. The total cost of transport amounted to £14.

Exchange visits between Centres have again proved to be extremely popular and apart from the social aspects, these are useful in disseminating ideas concerning craft work and general activities.

Social Amenities.

A similar pattern has again been followed in relation to Summer Outings and Christmas Parties for the Generally Handicapped, Blind and Partially Sighted and the Deaf.

Summer Outings were arranged to various local seaside resorts and a total of some 430 Handicapped, Blind, Partially Sighted and Deaf persons attended. In many instances, particularly with regard to the Blind, the expenses of escorts were met. The total cost of transport and catering involved was approximately £310.

Christmas Parties were also held for the Handicapped, Blind, Partially Sighted and Deaf, the total numbers attending amounting to 500. Total cost of these functions was approximately £273.

Some 1,750 Christmas Cards were sent to persons on the various Registers at a total cost of £21.6.3d. In addition, some 220 grocery vouchers for 5/- were sent to those registered blind and handicapped persons unable to attend the Christmas Parties.

At these functions and particularly at Christmas time generally, Voluntary Organisations are approached and render innumerable services to make the lives of the severely disabled more bearable. Concert parties give their services as do individuals. As usual I have written to all of them expressing thanks on your behalf for their expression of humanity and generosity.

Holidays for Handicapped Persons

Seven handicapped persons were this year assisted (in respect of travelling expenses and accommodation) to go on holidays at a cost of £59.7.4d. In four cases, where otherwise the handicapped persons would be unable to travel, the expenses of an escort were also met. Applications for holiday assistance are decided on their respective merits and consideration is given to the severity of the disability, economic circumstances and medical evidence.

Wireless for the Bedridden

The Wireless for the Bedridden Society is a Voluntary Society founded in 1939 by Rotary Clubs of London and Social Services Organisations. It is supported by a Voluntary band of helpers and provides wireless sets for the bedridden.

The Rhondda Borough Council acts as agents for this Society, and during the year one additional installation has been made. The Department continued to supply this Society with periodic reports on existing installations.

Handicrafts

Distribution of handicraft materials for use at home and at the Handicraft Centres still continues. Sales of materials purchased in bulk by the Department during the year amounted to £294.10.6d. This represents a substantial increase of £133.10.6d. over the year ended 31st March, 1963.

Issues made to handicapped persons during the year, April, 1963, to 31st March, 1964, totalled 260. Of these, 59 were "Free Issues", as on registration, a handicapped person may receive a "free issue" of craft materials.

Table 89 below gives an analysis of craft materials issued:-

TABLE 89

Issues made to Handicapped, April, 1963 - 31st March, 1964.

(a)	Rug-making material	...	...	...	...	48
(b)	Wood Assembly	...	...	...	...	84
(c)	Leatherwork	...	...	...	...	11
(d)	Embroidery	...	...	...	...	15
(e)	Canework	...	...	...	...	38
(f)	Knitting materials	...	...	...	...	52
(g)	Seagrass Stools	...	...	...	...	9
(h)	Jewelry	...	...	...	...	3
	Total	...	...	...	...	<u>260</u>

In some instances, where the handicapped person has not previously undertaken any craft work, it may be that the Social Welfare Officer has to spend a considerable amount of time in instruction in the particular craft which he or she has chosen. On the other hand, some of the registered handicapped persons have become expert in various aspects of craft work and from time to time exhibitions are held and the craft work sold to members of the public. The proceeds of the sales either go to the handicapped person or into Centre funds to be used for additional outings and excursions, etc.

Aids to Overcome Handicaps

Certain manufactured aids have had to be purchased direct from the manufacturers and during the period to which this report refers, the following aids were thus acquired:-

Cantilever Bed Tables	...	...	...	...	3
Cee Vee Reachers	...	...	...	...	10
(Zimmer) Orthopaedic Helping Hands	...				24

In addition, a number of aids manufactured at the County Workshops at Treforest have been obtained for issue to Rhondda handicapped persons.

Set out in Table 90 is an analysis of such aids issued during the period April, 1963 to 31st March, 1964.

TABLE 90

Groups A & B	Feeding/Drinking Aids	...	...	...	32
Group C	Dressing Aids	...	...	...	36
Group E	Reaching Aids	...	...	...	15
Group F	Bathing Aids	...	...	...	12
Group G	Miscellaneous	...	...	...	12
Group H	Tables	...	...	...	28
	Total	...	...	...	<u>135</u>

Adaptations to Homes of Handicapped Persons

During the year, works of adaptation continued to be authorised and these, when completed, assisted to some extent in helping the handicapped persons to overcome their disabilities.

Two examples of such works of adaptation are set out hereunder:-

<u>Disability of Handicapped Person</u>	<u>Nature of Adaptation</u>	<u>Cost</u>	<u>Remarks</u>
Paraplegia.	Remove back entrance door and re-hinge it to open inwards. Widen the entrance to back kitchen. Construct a concrete platform at front entrance. Construct new side concrete entrance.	£39	C.I.S.W.O. paid £19.10.0d. - half the cost.

<u>Disability of Handicapped Person</u>	<u>Nature of Adaptation</u>	<u>Cost</u>	<u>Remarks</u>
Cerebral Palsy	Provide a 3 ft. wide concrete path leading from the house front door to pavement. Form a narrow drainage channel across the surface of the path. Remove part of present boundary fence and provide new front gate.	£26.10.0d.	R.B.C. met whole cost.

Employment of Handicapped persons

The provision of suitable employment for handicapped persons is unfortunately very limited within the Borough, and depends largely upon the team work of many agencies and officials. The existing relationship between the Social Welfare Officers and the Disablement Resettlement Services of the Ministry of Labour and the County Youth Employment Service is very satisfactory.

Badges for Severely Disabled Drivers

This function still remains the responsibility of the Clerk of the County Council, and the Rhondda handicapped persons still continue to benefit from this Scheme. These badges do not confer any special privileges upon handicapped drivers, but enables the Police to identify the vehicles and their help is thus solicited in finding parking places.

WELFARE OF THE DEAF AND HARD OF HEARING

The services of one Social Welfare Officer to the Deaf are still available to the Borough, on the basis of one day per week. In this specialist field, the Officer must be fully aware of the need to integrate as far as possible, the deaf persons in his charge with normal hearing society. Even the simplest problems of the deaf require a great deal of understanding, time and skill. The Social Welfare Officer not only helps the Deaf to solve their problems, he often has to point out that a problem exists, and that it is capable of solution.

Visitation of the deaf is very time-consuming and, because most deaf people are in employment, social activities generally occur in the evenings. For that, and other reasons associated with communication, services for the deaf have not been fused with the blind and otherwise physically handicapped.

Table 91 shows the case load of the Social Welfare Officer to the Deaf, and the Social Centre for which he is responsible.

TABLE 91

Social Welfare Officer	Case Load of Registered Handicapped Person		Social Centre
	1963/64	1962/63	
Mr. P. Dalladay	Deaf with Speech 6 Deaf without Speech 34 Hard of Hearing 16	Deaf with Speech 6 Deaf without Speech 35 Hard of Hearing 16	Treorchy

Centres for the Deaf

* Details of the Centre organised for the Deaf and Hard of Hearing in Rhondda have previously been shown in this report, but attention must be drawn to their usefulness.

The Centre is not only a place where the deaf can meet socially, it is also the place where the deaf person knows he can contact the Social Welfare Officer when help is needed, as it is not easy for a deaf person to get help when needed, even if he knows what Office to contact. He cannot telephone, and writing letters does not come easily to a deaf person. He will know he can get help at the Centre. He will know where it is, even if he has never been there before, for the location of Clubs and Centres is common knowledge amongst the deaf.

Employment of Deaf Persons

A great deal of the time of the Social Welfare Officer to the Deaf is taken up with employment problems. At present, one deaf man and one deaf woman in the area are registered as unemployed. As regards the woman, close contact is maintained with the local Office of the Ministry of Labour in efforts to have her placed in employment. Regarding the man, by trade he is a Building labourer, and in these days of large constructional works, with machinery and other equipment, employers are reluctant to employ a deaf man who might, through his deafness, meet with an accident. The Social Welfare Officer has been with him to various building sites, introducing him to employers, so far without success:

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

During the year to which this report relates, the services for the Blind and Partially Sighted have been integrated with those concerned with the Generally Handicapped. Initial teething troubles have been, to a large extent, overcome, and with relation to Blind Welfare, where there are likely to be peculiar problems, the services of former Home Teachers of the Blind are still available.

Registration

On the 31st March, 1964, there were 361 blind persons and 145 partially sighted persons on the respective registers. Tables in the Appendix to this Report analyse these figures into age groups, etc. on lines similar to those submitted annually to the Ministry of Health.

Determination of blindness or partial sight is the responsibility of the County Medical Officer, who arranges for an ophthalmic examination by a member of his staff or by a Consultant Ophthalmologist. Since delegation, registration of blind or partially sighted persons has become a function of the Rhondda Borough Council and Table below gives the sources and results of notifications of suspected blindness.

TABLE 92

Sources and Results of Notification of Suspected Blindness

Notification from	Result of Examination			
	Total	Blind	Partially Sighted	Not Blind
National Assistance Board	38	18	12	7
Staff of Welfare Services Department	28	9	11	7
Person affected or near relative ...	11	3	5	3
Medical Practitioner (Or County Medical Officer)	9	5	3	1
Persons examined in year ended 31st March, 1964. ...	* 86	35	31	18

* Of this total, 1 person left the district before an examination could be arranged and 1 person did not subsequently attend for examination.

Partially Sighted Registers - General.

Set out hereunder are details of partially sighted persons prospectively blind, etc. for 1963-64.

Table 93	1963-64
Persons near and prospectively blind (aged 16 and over)	36
Persons mainly industrially handicapped and in respect of whom there is not likely to be any deterioration of vision (aged 16 and over) ...	78
Persons requiring observation only (aged 16 and over)	21
Children aged 5 and under 16	10
Children aged 16 and over, still at school ...	-
	<u>145</u>

Home Teaching Service

Since the Home Visiting Service to the Blind and General Visiting Service to the Physically Handicapped have been integrated, 7,280 visits were made by the Social Welfare Officers under the Integration Scheme. This total of visits is referred to under Table on Page of this Report.

Refresher Courses for Home Teachers

During the period 1st April, 1963, to 31st March, 1964, two members of staff attended Courses:-

A former Home Teacher attended a "Refresher Course for Home Teachers of the Blind" at London University.

Another former Home Teacher attended a Course at Gomshall, Surrey, dealing with communication with the Deaf/Blind.

All former Home Teachers of the Blind visited Oldbury Grange, Shropshire, in company with other Home Teachers of the Blind from the rest of the County. The arrangements were made by Miss M. Smith, Supervisor of Home Teachers of the Blind for the County. Oldbury Grange is a social rehabilitation Centre for newly blind persons.

Education, Training and Rehabilitation of Blind Persons

Table 99 in the Appendix gives details of the work undertaken in connection with the rehabilitation, training and employment of blind persons over the age of 16 years at the 31st March, 1964. There were 26 males in employment of whom 3 were engaged in "Open" employment and 23 in "Sheltered" employment.

Of the 7 females employed, 1 was in "Open" and 6 in "Sheltered" Employment.

During the period under review, no blind person attended the Course of Social Rehabilitation at Oldbury Grange, Shropshire.

2 males were, at the 31st March, 1964, capable of an available for work.

Placement of Blind Persons in "Open Employment".

The Rhondda Authority continues to use the Specialist Placement Service of the Royal National Institute for the Blind, for which an annual financial contribution in respect of each registered blind person between the ages of 16 and 59 is made.

The Rhondda Borough Council, under delegation, continued to use the National Placement Service of the Royal National Institute for the Blind during the year under review, but with effect from the 1st October, 1963, the Ministry of Labour assumed responsibility for the placing of blind persons in employment. To the 30th September, 1963, an amount of £58.6.8d. was paid by the Authority to the Royal National Institute for the Blind in respect of 77 registered blind persons between the ages of 16 and 59 on the 31st December, 1962. Henceforth, no financial contribution in this connection will be payable.

Trend of "Open" and "Sheltered" Employment

The following table shows the inter-relation between the number of registered blind persons in "Open" and "Sheltered" employment as at the 31st March, 1964.

TABLE 94

Persons employed						1964
In "Sheltered" Employment						29
In "Open" Employment						4
Total	...	...	...	...	...	33

Aids for the Blind

During the period 1st April, 1963 to 31st March, 1964, the following aids to overcome the handicap of blindness have been issued to Rhondda Blind Persons:-

- 7 Talking Book Machines.
- 2 Pension Book Signature Guides.
- 7 Certificates of Blindness.
- 14 White Walking Sticks.
- 20 Packets of self threading needles.
- 1 Moon Primer.
- 8 Millard Writing Frames.
- 1 Tape Measure.

Periodicals

During the year, the following periodicals embossed in Braille or Moon type were supplied free of charge to Rhondda registered blind persons.

<u>Periodical</u>	<u>Published</u>	<u>No. of Copies Supplied</u>
Madam Magazine	Monthly	3
Sporting Record	Weekly	2
Braille Technical Press	Monthly	1

Continued...

<u>Periodical</u>	<u>Published</u>	<u>No. of Copies Supplied</u>
Physiotherapist's Quarterly	Quarterly	1
Progress	Monthly	2
Scripture Portions	(Daily Notes)	1
Braille Digest	Monthly	2
Portland Magazine	Weekly	1
Braille Radio Times	Weekly	2
New Beacon	Monthly	2
		<u>17</u>

The British Wireless for the Blind Fund

The Borough Council acts as agents for the British Wireless for the Blind Fund and Table 95 hereunder shows particulars of sets issued by the Fund during the year ended 31st March, 1965.

TABLE 95

Types of Listening Equipment	No. issued in 1963-1964
Universal Main Sets 	33
Battery Sets 	2
Radio Relay 	5

Repair of Wireless Sets

In the Scheme for Welfare of the Blind, provision is made in the Annual Estimates for wireless receivers on loan or privately owned to be repaired, should this be necessary.

Wireless receivers, either privately owned or originally issued by the British Wireless for the Blind Fund, have this year been repaired by the Borough Council at a cost of £18.7.4d. compared with £21.5.7d. for year ending 1963.

Wireless Telegraphy (Blind Persons Facilities) Act, 1955

Under the provisions of this Act, registered blind persons may, at a local Post Office, obtain a free Wireless Licence, upon the expiry of their current licence, on production of a certificate indicating that they are so registered.

43 Certificates were issued to enable blind persons to obtain free wireless licences under the provisions of this Act.

Holidays for Blind Persons

The Scheme for the Welfare of the Blind provides for financial grants for travelling expenses to spend a holiday with relations or friends or at a Holiday Home for the Blind. These grants are on the basis indicated below and may be applied for every two years.

- (a) £9.0.0d. to a suitable single blind person holidaying at a Holiday Home;
- (b) £18.0.0d. to a suitable married blind couple holidaying at a Holiday Home;
- (c) £13.0.0d. to a suitable married blind person with a sighted spouse holidaying at a Holiday Home;
- (d) £5.0.0d. to a blind applicant for a grant towards holiday travel to spend a holiday with friends or relatives.

This year approval was granted for the payment of 11 financial grants to enable blind persons to enjoy a holiday at a Holiday Home of their choice as follows:-

<u>Blind Holiday Home</u>	<u>No. of persons assisted</u>
Glynn Vivian Home of Rest, Mumbles, Gower.	3
London Association for the Blind Home -	
"Orton Rigg", Bournemouth 	<u>8</u>
Total 	<u>11</u>

Additionally, 19 grants were made toward the travelling expenses of blind persons to allow them to stay with relatives or friends in other parts of the country. In most cases, the travelling expenses of guides were also met.

The total cost of holiday grants for this year amounted to £175.4.1d.

Pastime Occupations

Provision is made in the Scheme for the Welfare of the Blind for an initial Free Issue of Craft Materials, to enable diversionary pastime activities to be pursued. During the year, 37 such Free Issues were made. Thereafter, the blind person may purchase further craft materials at cost price and remittances totalling £347.5.4d. were received this year from blind and partially sighted persons.

Set out hereunder are details and costs of materials purchased.

	<u>1963/64</u>	<u>1962/63</u>
Rug Wool 	£208.7.3d.	£95
Cane and Strawplait ...	£13.4.7d.	£18
Macrame Twine 	£7.10.0d.	-
Seagrass Stools 	£104.3.6d.	£10
Knitting Yarn 	£14.0.0d.	£10
	<u>£347.5.4d.</u>	<u>£133</u>

Social/Handicraft Centres and Group Activities

Four Social/Handicraft Centres, details of which are given previously on Table 87 Page 115, have all been well supported during the year, as can be seen from the attendances. To encourage attendances, travelling expenses are paid and this year 7 additional applications were authorised, in addition to those which continued. Where appropriate, the expenses of a guide were also met. Total expenditure for the period 1st April, 1963 to 31st March, 1964, amounted to £371.7.5d. as compared with £154.7.2d. for the previous year.

Talking Books for the Blind

During the period under review, an additional seven applications were approved from registered blind persons for Talking Book Machines, making a total of 14 Blind persons now being provided with this service.

General Social Welfare of the Blind

Owing to the fact that integration has taken place between Blind and Handicapped Services, information about Summer Outings and Christmas Parties, Vouchers, etc. has already been given on Page 117 of this Report.

Glamorgan County Blind Welfare Association

This Association, administered by the Glamorgan County Council Special Services Sub-Committee, is one which receives its financial resources from collections made by the Royal National Institute for the Blind in the administrative County of Glamorgan. Under a financial agreement with the Institute, the Association receives 65% of the net collection which is used to provide:-

- (1) Amenities for the home-bound blind;
- (2) Social Centre activities;
- (3) General amenities, i.e. the provision of amenities for blind persons in the County Council Workshops or in "open" employment, being items that could appropriately be purchased out of the County Council monies;
- (4) Administrative expenses of committee attached to Social Centres, i.e. expenses incurred by Association Members and Voluntary helpers attached to Social Centres in the furtherance of the Association's affairs.

Registered blind persons are eligible for benefits, etc. from the Association and, in this connection, close co-operation with the Welfare Services Department at County Hall has ensured that no request has gone unheeded.

Eisteddfodau for the Blind

This function is organised by the above Association and the ninth East Glamorgan Eisteddfod was held at the Boy's County Grammar School, Pontypridd, on the 27th August, 1963.

In addition to cash prizes, winners of individual competitions were presented with competition cups to be held for one year. Keen interest is shown in the Eisteddfodau in individual and group events.

Singers from the Treorchy Centre did exceptionally well; they took first prize in the soprano, duet and quartet sections, and also won the choral trophy.

In all, 15 awards were taken by the Treorchy and Porth Social/Handicraft Centres. A summary of these is shown in the table below.

Table of Awards gained at East Glamorgan
Eisteddfodau, Thursday, 29th August, 1963.

Competition	Centre	Results
Duet	Treorchy	First
Soprano	Treorchy	First
Contralto	Treorchy	Second & Third
Quartet	Treorchy	First
Choral	Treorchy	First
Choral	Porth	Second
<u>Handicraft Section</u>		
Seagrass Stool	Treorchy	Second
Macrame Twine Stool	Treorchy	First
Canvas Backed Rug	Treorchy	First
Canvas Backed Rug	Porth	Third
Knitted Garment	Treorchy	First
String Bag Making	Porth	Second
Canework	Porth	First

TEMPORARY ACCOMMODATIONDETAILS OF APPLICATIONS RECEIVED DURING YEAR ENDED 31st MARCH, 1964.

Manner in which applications were resolved	Total number of applications received during year		CLASSIFICATION OF DIFFICULTIES CAUSING APPLICATION																												Total	
			LOCAL AUTHORITY HOUSES												PRIVATELY OWNED PROPERTIES																	
			Eviction for mortgage or rent arrears	Eviction from unauthorised or temporary tenancy	Eviction for unsatisfactory behaviour	Family or Matrimonial Disputes		Total	Eviction for mortgage on rent arrears	Eviction for unsatisfactory behaviour	Insanitary conditions or overcrowding		Family or Matrimonial Disputes		Eviction from "tied" accommodation	Insecurity of Tenure (furnished rooms, etc.)		Eviction from unauthorised sub-tenancy		Home-destroyed or damaged by fire, flood, etc.												
Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	
Re-housed by Local Authority	14	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14	18	14	18
Sheltered by Relatives or Friends	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-
Obtained alternative accommodation	1	2	-	-	1	2	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Difficulties resolved	4	3	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4	3
Children taken into care and mother accommodated elsewhere	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Admitted to temporary accommodation	5	18	-	-	-	-	-	-	-	-	-	-	2	6	-	-	-	-	1	1	-	-	-	-	2	11	-	-	5	18		
TOTALS	27	41	-	-	1	2	-	-	-	-	1	2	3	6	1	1	-	-	1	1	-	-	-	-	2	11	19	20	26	39		

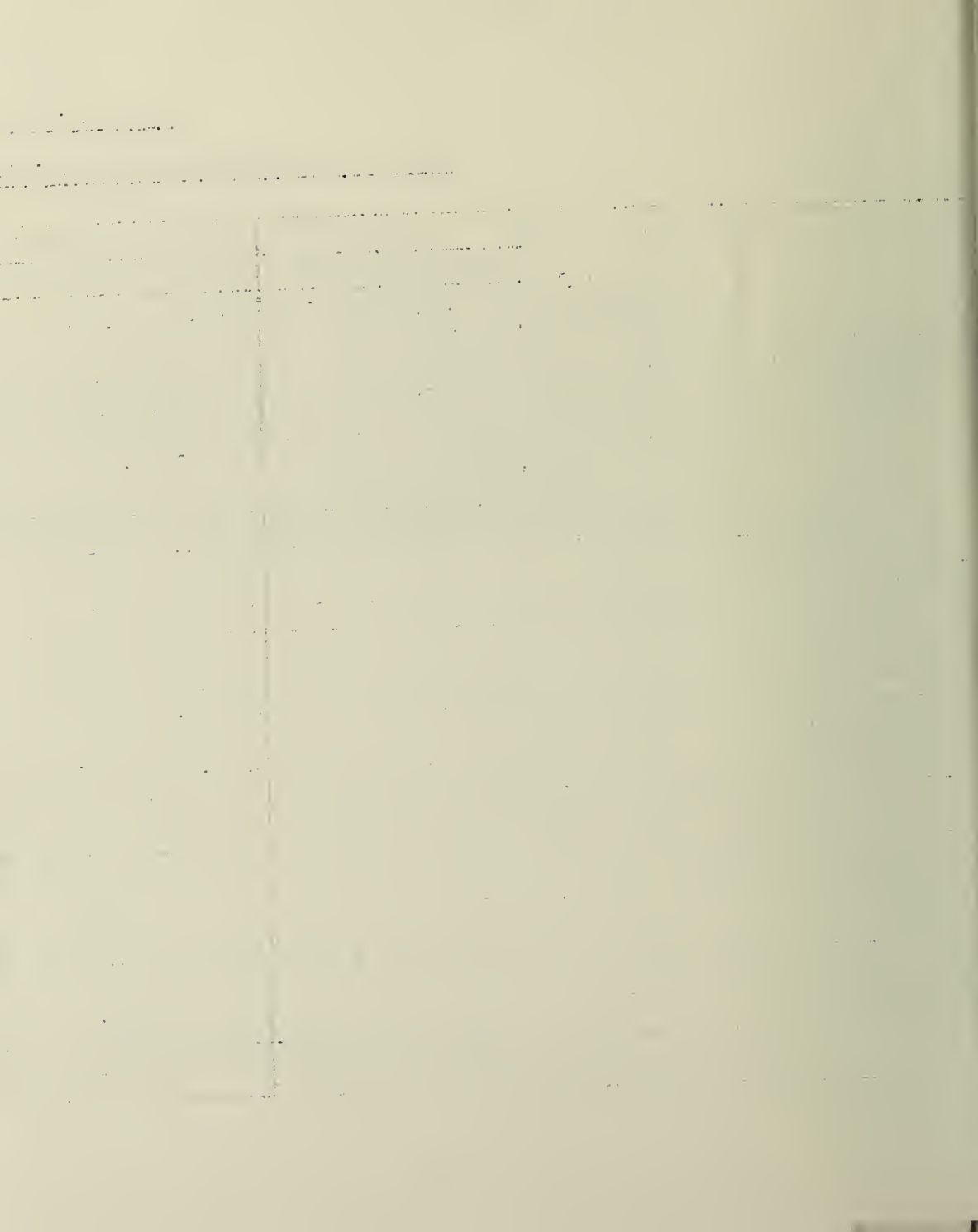


TABLE 97

REGISTER OF BLIND PERSONS AS AT 31st MARCH, 1964.
 (Classified under Age Groups and Sex)

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+	Total
Male	-	-	-	-	-	3	3	1	1	7	3	23	13	10	32	13	13	3	125
Female	-	-	-	-	-	-	2	1	2	4	7	24	16	22	77	45	27	9	236
Total at 31.3.64. ...	-	-	-	-	-	3	5	2	3	11	10	47	29	32	109	58	40	12	361
Total at 31.3.63. ...	-	-	-	-	-	3	5	1	3	11	11	49	28	34	110	58	35	11	359

TABLE 97(a)

BLIND PERSONS REGISTERED AS NEW CASES DURING YEAR ENDING 31st MARCH, 1964.
 (Excluding re-certifications and transfers from other areas)

AGE AT DATE OF REGISTRATION

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+	Total
Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	3	3	-	13
Female	-	-	-	-	-	-	-	-	-	-	-	1	1	3	10	5	3	2	25
Total at 31.3.64. ...	-	-	-	-	-	-	-	-	-	-	-	1	1	3	17	8	6	2	38
Total at 31.3.63. ...	-	-	-	-	-	-	-	-	-	1	-	3	3	2	20	9	7	2	47

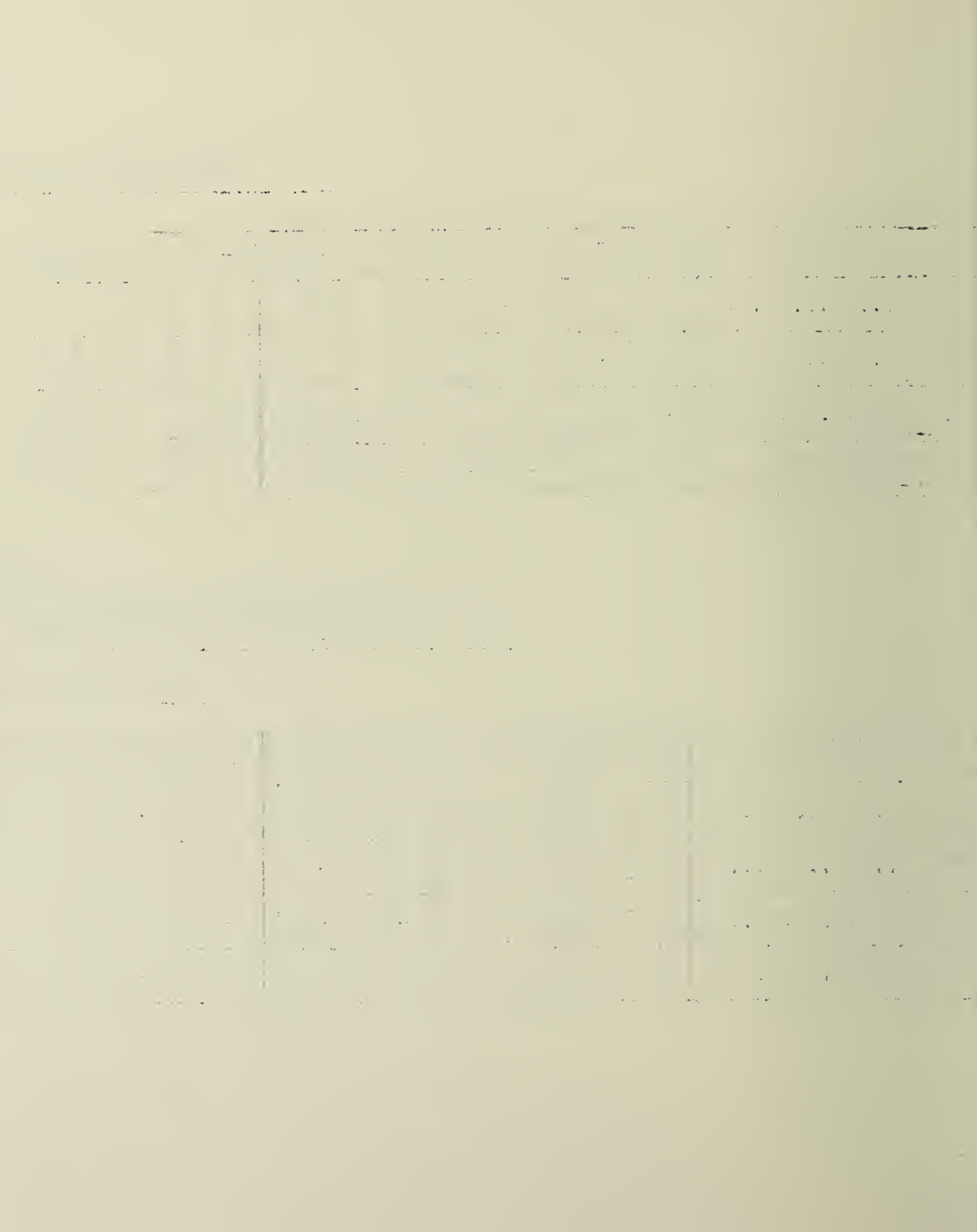


TABLE 98

BLIND CHILDREN, AGE UNDER 16

	Under 2	Age 2. to 4 plus			Age 5 to 15 plus								TOTAL
		Suitable for Education at School		Unsuitable for Education at School	Suitable for Education at School						Unsuitable for Education at School		
		Attending Nursery Schocls including Sunshine Homes	At Home or Elsewhere	At Home or Elsewhere	Attending Special Schools for the Blind		Attending other Schools		Not at School		At Home or Elsewhere		
					Blind but no other Defects	Blind with other Defects	Blind but no other Defects	Blind with other Defects	Blind but no other Defects	Blind with other Defects	Blind	Blind with Multiple Defects	
Male ...	-	-	-	-	3	1	-	1	-	-	-	1	6
Female ...	-	-	-	-	1	-	-	-	-	-	-	1	2
Total at 31.3.64.	-	-	-	-	4	1	-	1	-	-	-	2	8
Total at 31.3.63.	-	-	-	-	5	1	-	1	-	-	-	1	8

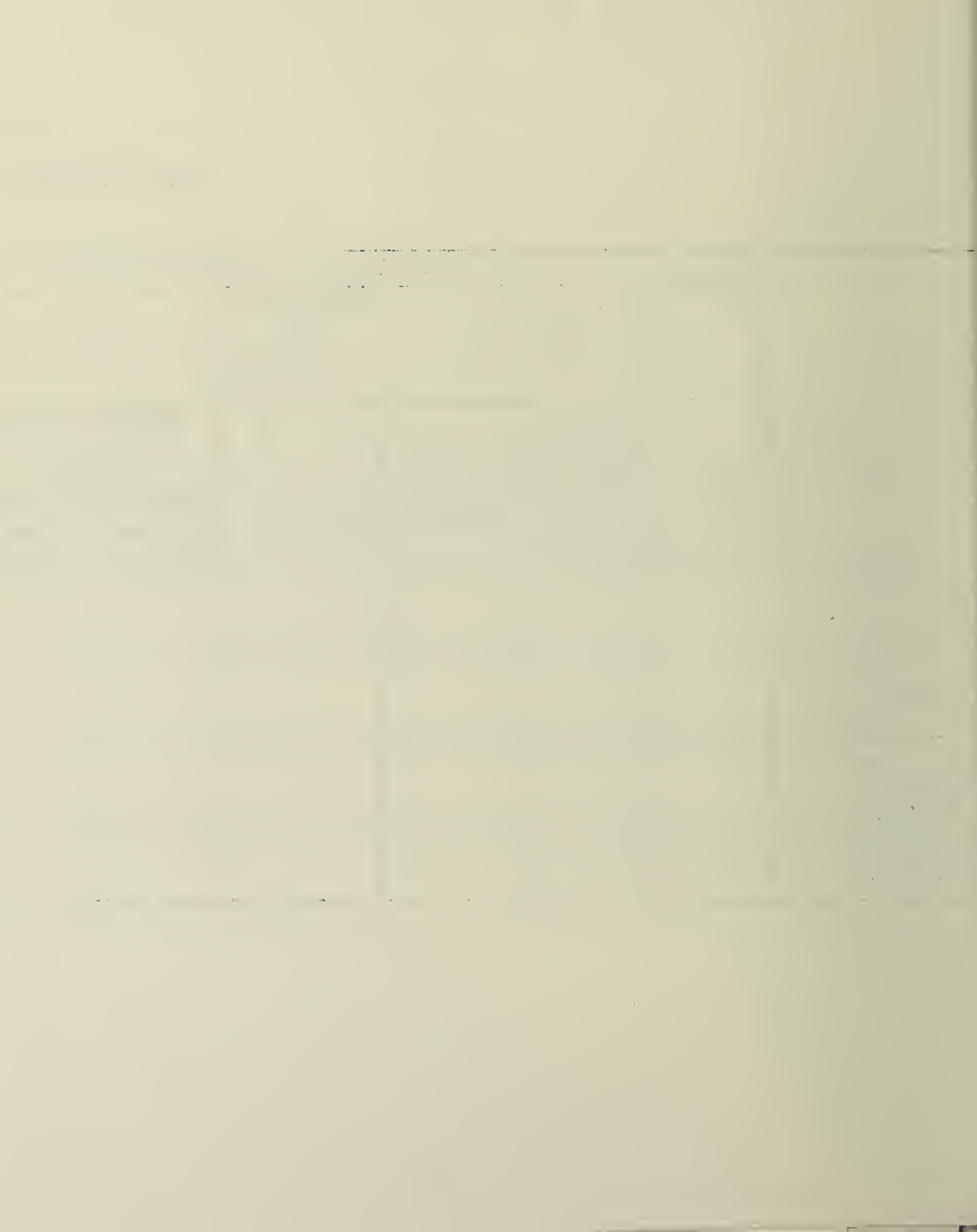


TABLE 99

EDUCATION, TRAINING AND EMPLOYMENTAGE PERIOD 16 YEARS AND UPWARDS

Age	At School	EMPLOYED														Undergoing Training	NOT EMPLOYED											GRAND TOTAL (i.e. Total of Columns (d) - (p) and at School, 16-20).	Number of Persons registered under the Disabled Persons (Employment) Act, 1944, included in Column (q).						
		In Workshops for the Blind (a)						As Approved Home Workers (b)		Otherwise than in (a) or (b) (c)							Unemployed but capable of and available for work						Not Available (n) for work	Not Capable (o) for work	Not Working (p)										
																	Already trained		Subject to being trained		Without training														
																	For Sheltered Employment		For Open Employment		For Sheltered Employment		For Open Employment		For Sheltered Employment		For Open Employment			16-59	60-64	16-59	60-64	65 and over	
		16-20	16-20	21-39	40-49	50-59	60-64	65 and over		16-20	21-39	40-49	50-59	60-64	65 and over	TOTAL EMPLOYED (d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	16-59	60-64			16-59	60-64	65 and over			
Male	1	-	4	3	13	3	-	-	-	2	-	1	-	-	26	-	-	-	-	-	-	1	-	1	1	-	8	10	71	119	23				
Female	-	-	2	-	4	-	-	-	-	-	-	1	-	-	7	-	-	-	-	-	-	-	-	25	13	6	3	180	234	4					
Total at 31.3.64. ...	1	-	6	3	17	3	-	-	-	2	-	2	-	-	33	-	-	-	-	-	1	-	1	26	13	14	13	251	353	27					
Total at 31.3.63. ...	-	-	7	7	13	3	-	-	-	2	-	2	1	-	35	-	-	-	-	-	1	-	2	30	13	14	11	248	351	29					

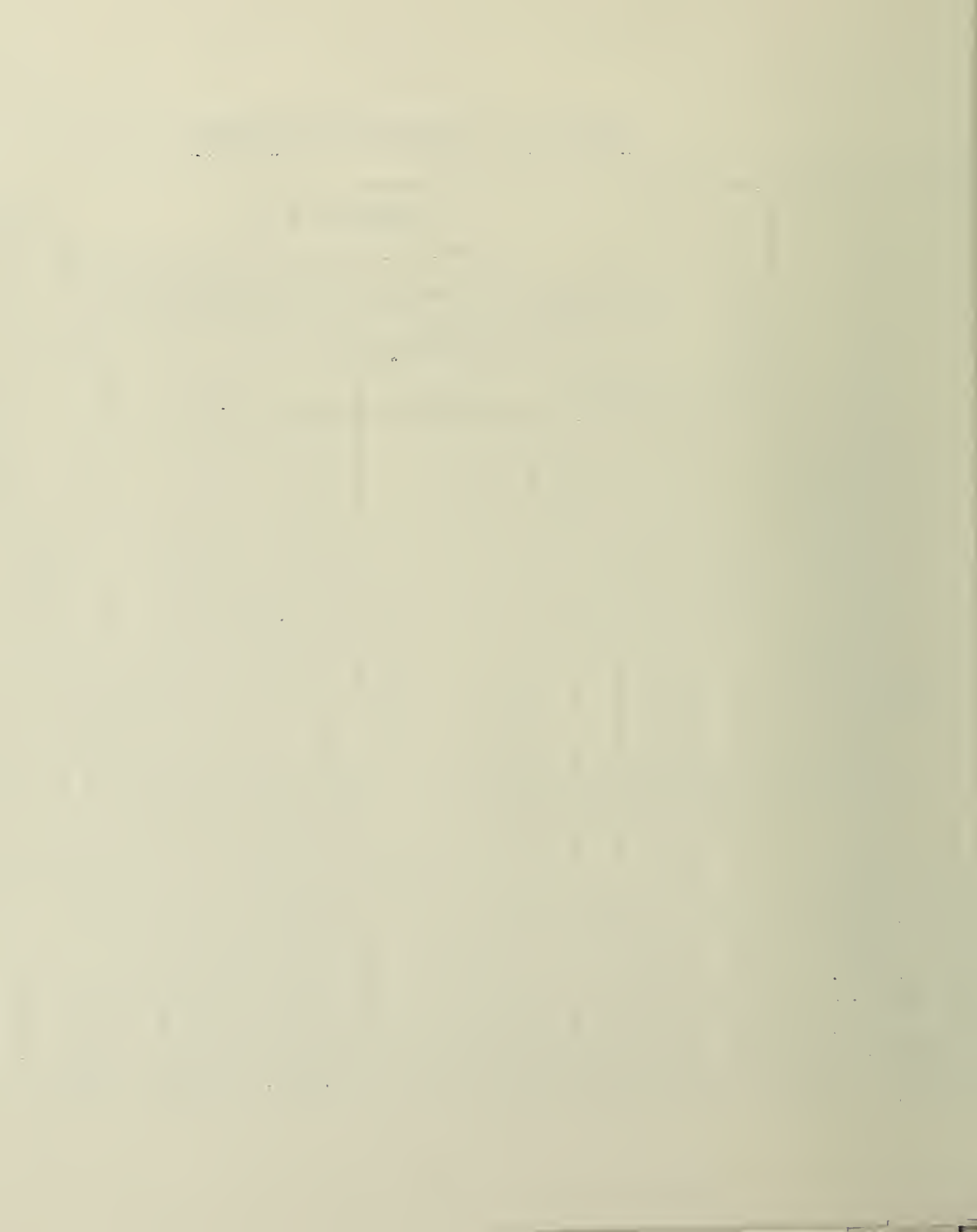


TABLE 100

OCCUPATIONS OF EMPLOYED BLIND PERSONS - YEAR ENDING 31st MARCH, 1964.

	GROUP I	GROUP II			GROUP III		GROUP IV	GROUP V						GROUP VI	T O T A L
	Professional, Technical, Administrative and Executive Workers, Managerial Workers.	Typists, Shorthand Typists, Secretaries	Clerical Workers	Telephone Operators	Sales Workers		Agricultural and Horticultural Workers	Machine Tool Operators	Warehousemen, Store- keepers & Assistants	Knitters (Hand and Machine), Weavers, Netting Makers	Basket Makers	Mat Makers	Brush Makers	Service and Miscellaneous Workers	
Workshops for the Blind	-	-	-	-	-	-	-	-	-	6	9	9	5	-	29
"Open" Employment	-	1	-	1	-	-	-	1	1	-	-	-	-	-	4
Total at 31st March, 1964.	-	1	-	1	-	-	-	1	1	6	9	9	5	-	33
Total at 31st March, 1963.	-	1	1	1	-	-	-	1	1	5	9	10	6	-	35

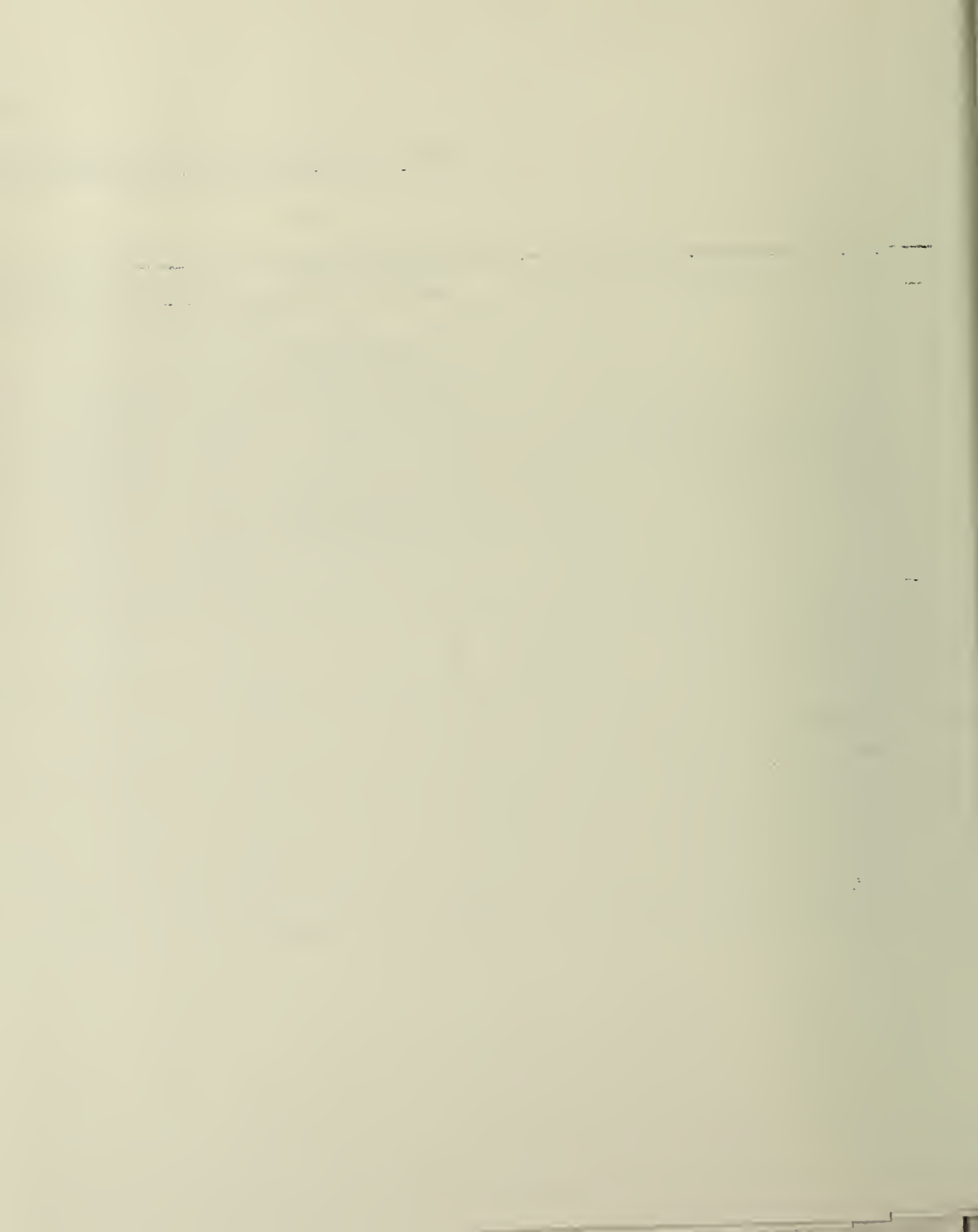


TABLE 101

BLIND PERSONS AGED 16 AND UPWARDS (EXCLUDING THOSE IN HOSTELS FOR WORKERS) RESIDENT IN HOMES, HOSPITALS, ETC.

	Residential Accommodation provided under Part III of the 1948 Act, viz. Section 21		Residential Homes (other than Part III) (c)	In Hospitals for Mentally Ill (d)	In Hospitals for Mentally Sub-normal (e)	Chronic Wards of Hospitals (f)	TOTAL (g)
	Homes for the Blind (a)	Other Homes (Glamorgan County Council) (b)					
Male	-	2	-	-	-	-	2
Female	1	3	-	-	-	2	6
Total at 31st March, 1964 ...	1	5	-	-	-	2	8
Total at 31st March, 1963 ...	1	5	-	-	-	3	9

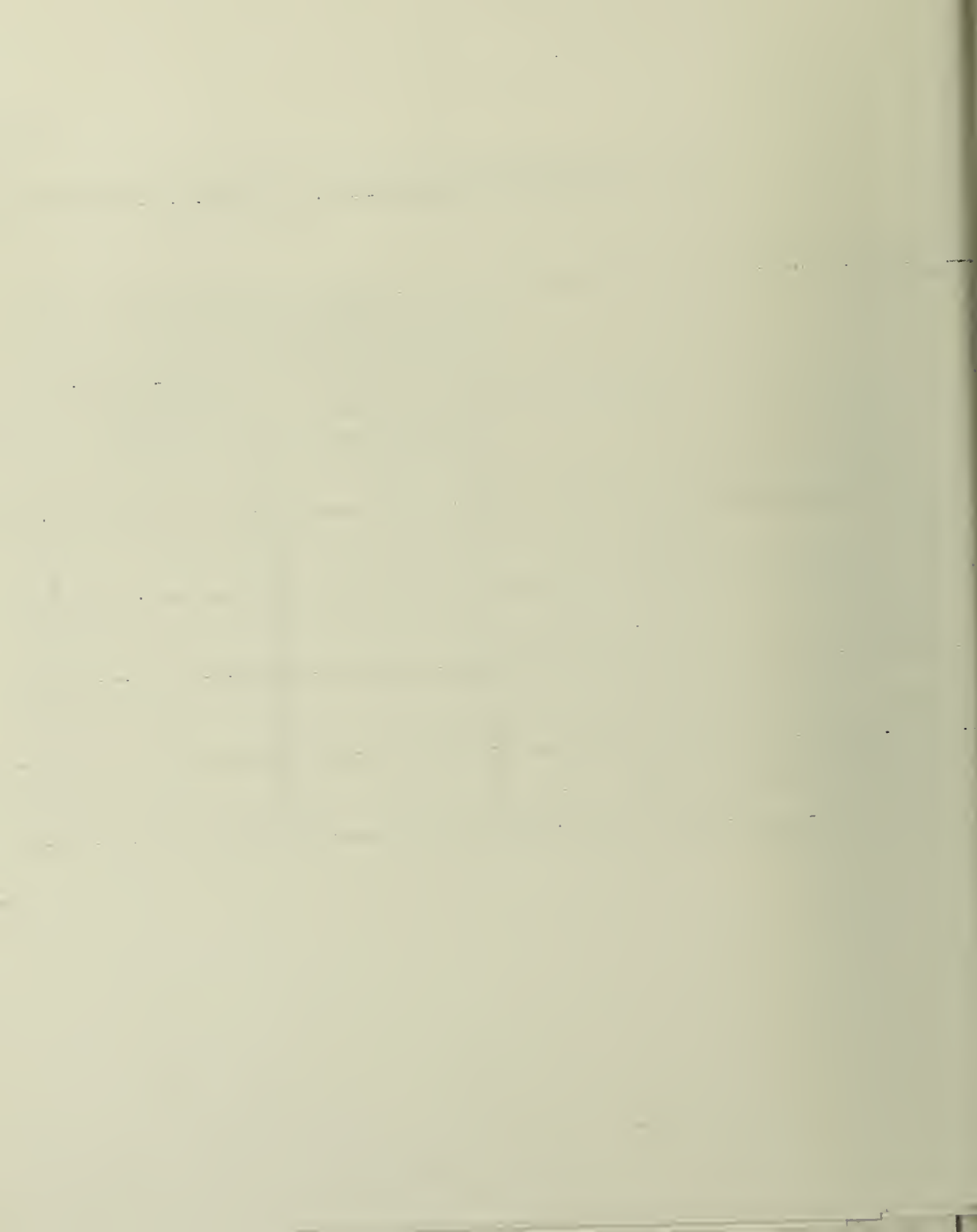


TABLE 102

TOTAL NUMBER OF PARTIALLY SIGHTED PERSONS
 (Age Groups and Sex)

	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
Males	-	-	5	3	10	7	34	59
Females	-	-	3	2	12	8	61	86
Total at 31.3.64.	-	-	8	5	22	15	95	145
Total at 31.3.63.	-	-	7	5	18	16	87	133

TABLE 103

NUMBER OF PARTIALLY SIGHTED PERSONS NEWLY REGISTERED
 (Excluding Re-certifications and Transfers from other Areas)

AGE AT DATE OF REGISTRATION

	0-1	2-4	5-15	16-20	21-49	50-64	65-69	70-79	80 and over	Total
Males	-	-	-	-	2	3	2	6	2	15
Females	-	-	-	-	1	4	4	4	5	18
Total at 31.3.64.	-	-	-	-	3	7	6	10	7	33
Total at 31.3.63.	-	-	-	-	1	-	2	7	4	14

RHONDDA BOROUGH COUNCIL - COMMITTEE FOR EDUCATION

THE

A N N U A L R E P O R T

of the

BOROUGH SCHOOL MEDICAL OFFICER

to the

RHONDDA COMMITTEE FOR EDUCATION

FOR THE YEAR 1963

RHONDDA BOROUGH COUNCIL - COMMITTEE FOR EDUCATION

Councillor T. M. Brookes (Chairman)

Aldermen

E. M. Davies	A. Davies
T. R. Davies	(Mrs.) E. Jones
S. Mitchell, O.B.E., J.P.	D. Murphy
(Mrs.) C. M. Parfitt, J.P.	L. B. Rothero

Councillors

W. I. C. Bowen	W. Jones
T. M. Brookes	W. G. Phillips
C. G. Carroll	(Mrs.) O. J. Leebrook
T. J. Davies	J. H. Lewis
(Mrs.) M. Davies	S. H. McEllistrim
J. G. Elias	J. H. Warren-Morgan
(Mrs.) G. Ellis	(Mrs.) A. Powell
J. I. Evans	C. R. Powell
W. D. Hughes	C. J. Thomas
R. D. Jayne	F. S. Tudball
B. J. Jones	C. E. Winter
L. G. Jones	A. Williams
I. Jones	

Co-opted Members

A. V. Allday, M.B.E.	T. M. Evans, B.Sc.
W. J. Griffiths	D. E. Powell
D. M. Thomas	

County Aldermen

E. G. James	W. Llewelyn, J.P.
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County Councillors

T. E. Hughes	R. J. Travess, J.P.
(Mrs.) C. McGrath, J.P.	H. Williams
(Mrs.) C. M. Richards	

Clerk to the Committee:	W. Noel Thomas, Solicitor.
Borough Education Officer:	W. Aylwyn Jones, B.Sc., LL.B.
Architect:	C. Gingell, A.R.I.B.A., A.R.I.C.S.

Borough School Medical Officer:	R. B. Morley-Davies, M.B., B.Ch., B.Sc., D.P.H.
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Assistant School Medical Officers:

E. G. Watkins, M.B., B.Ch., D.P.H., L.M. (Part year)
A. C. Stewart, M.B., Ch.B., D.P.H. (Part year)
J. P. Clarke, M.B., Ch.B.
P. M. Brown, M.B., B.Ch.
W. B. Davies, M.B., Ch.B. (Part year)

Sessional Medical Officers:

N. Osborn, M.B., Ch.B.
J. Williams, M.B., Ch.B., D.A., B.Sc.

Ophthalmic Medical Practitioners:

Dr. A. H. Haley (Sessional)
Dr. J. G. Mason (Sessional)

Orthopaedic Surgeon:

Nathan Rocyn Jones, M.D., (Cantab.), F.R.C.S., (Edin.)

Psychiatrist:

K. W. Aron, M.B., Ch.B., D.P.M.

Educational Psychologist:

R. T. Birch, B.A., Dip. Psych., A.B.Ps.S.

Area Dental Surgeon:

E. T. Arfon Williams, L.D.S., R.C.S. (England) (Part year)

Assistant Dental Surgeons:

Alun R. Owen, L.D.S., R.C.S., (England) (Sessional)
T. A. Morgan, L.D.S., R.C.S., (Sessional) (Part year)

Dental Auxiliary:

Miss S. Paget (Part year)

Dental Attendant:

Iris Trow

Superintendent School Nurse:

Miss M. B. Owen, S.R.N., R.F.N., H.V. Cert., S.C.M. (Part year)

School Nurses:

M. Moore	S.R.N., H.V. Cert., S.C.M.
H. M. Thomas	S.R.N., H.V. Cert.
H. M. James	S.R.N., H.V. Cert., S.C.M.
M. Jones	S.R.N., H.V. Cert., S.C.M.
E. B. Henshaw	S.R.N., H.V. Cert., S.C.M.
G. Williams	S.R.N., R.F.N., H.V. Cert., C.M.B.
C. A. Watkins	S.R.N., H.V. Cert., S.C.M.
M. Griffiths	S.R.N., H.V. Cert., S.C.M.
G. Hatton	S.R.N., H.V. Cert., S.C.M.
A. Jackson	S.R.N., H.V. Cert., S.C.M.
R. E. Jones	S.R.N., H.V. Cert.
G. M. Griffiths	S.R.N., H.V. Cert., S.C.M.
C. Davies	S.R.N., R.F.N., H.V. Cert., S.C.M.
L. Nicholas	S.R.N., H.V. Cert., C.M.B.
B. Roberts	S.R.N., H.V. Cert., C.M.B.
B. Davies	S.R.N., H.V. Cert., C.M.B.
E. Jones	S.R.N., H.V. Cert., S.C.M.
I. Fennell	S.R.N., H.V. Cert., S.C.M.
M. A. Jones	S.R.N., H.V. Cert., S.C.M.
M. R. Savile	S.R.N., H.V. Cert., C.M.B. (Part 1)

Physiotherapist:

M. Edwards, M.C.S.P. (Orthopaedic Nursing Cert.)

Chief Clerk:

D. H. Evans, D.M.A., D.P.A.

Clerical Staff:

Islwyn Jones
A. Gwyn Evans
Allan Marsh

To the Chairman and Members of the
RHONDDA COMMITTEE FOR EDUCATION

Mr. Chairman, Ladies and Gentlemen,

I have the privilege to submit my Annual Report on the work of the School Health Service during 1963.

During the year, Dr. E. G. Watkins and Dr. A. C. Stewart left the Department to take up positions in Llantrisant and Singapore. Both Dr. Watkins and Dr. Stewart had given conscientious service to the Department and had both developed close ties with their colleagues and the many members of the community with whom they came into contact.

Our long standing deficiency in the Dental Service was somewhat alleviated during the year by the appointment of Mr. Arfon Williams as Area Dental Officer together with Miss S. Paget as a dental auxiliary. These appointments coincided with the construction and equipping of a new dental centre at Ystrad clinic.

Once again I should like to thank the Chairman and Members of the Education Committee, the Borough Education Officer's Department and Staff of the individual schools for their encouragement and support during the year. As always, the Staff of the School Health Service continued to give me their co-operation and assistance.

Yours faithfully,

R. B. MORLEY-DAVIES,

Borough School Medical Officer.

Health Services Section,
Municipal Offices,
Pentre, Rhondda.

August, 1964.

1. Establishment of Medical Officers

The following medical officers were available for work within the school medical service during 1963.

- (1) Dr. E. G. Watkins (Part year)
- (2) Dr. A. C. Stewart (Part year)
- (3) Dr. J. P. J. Clarke
- (4) Dr. P. M. Brown
- (5) Dr. W. B. Davies (Part year)
- (6) Dr. N. C. Osborn (Sessional)

The type of work carried out by session and individual doctor is shown in Table I.

TABLE I

Table showing distribution of doctor's time
by type of work carried out

	Routine M.I.	B.C.G. Vacc.	Polio Vacc.	M. & C. W.	Others School Clinics Specials, etc.
(1) Dr. E. G. Watkins	15	-	19	44	50
(2) Dr. A. C. Stewart	12	-	8	21	93
(3) Dr. J. P. J. Clarke	-	20	13	26	207
(4) Dr. P. M. Brown	22	18	14	49	195
(5) Dr. W. B. Davies	7	-	-	15	2
(6) Dr. N. C. Osborn	62	-	11	74	2

2. Routine Medical Inspection

(a) During 1963, this type of examination was again restricted to entrants and any pupils at Primary Schools who had not been previously examined. Table II shows the number of pupils examined by year of birth.

TABLE III

Distribution of pupils undergoing routine medical examination
by year of birth and physical condition.

Age Groups Inspected (By years of birth)	Physical condition of pupils inspected		
	No. of pupils inspected	<u>SATISFACTORY</u> No.	<u>UNSATISFACTORY</u> No.
1959 and later ...	475	473	-
1958	185	185	-
Total	658	658	-

(b) The following report on the audiometric survey was prepared
by Dr. P. M. Brown:-

Audiometric Survey - Infants' Schools, 1963.

"The screening of junior school children for hearing defects,
which was begun in 1962, was completed early in 1963 and a similar survey
of infants' schools was begun.

The method of testing used in infants' schools was the same as
that in the junior schools, namely, by means of a book of picture-cards
published by the National Institute for the Deaf. The method was described
in the Annual Report for 1962.

At the outset, there was some doubt as to whether or not the
method could be used to test very small children, i.e., those in the nursery
classes. It was found, however, that the majority of three-year-old children
will perform the test quite well, although a certain amount of coaxing is
required in some cases to overcome apprehension and shyness. Naturally, it
was found that among the very young children, there were a few who could
not be persuaded to co-operate. In these cases, it was felt that, if neither
the teacher nor parents had noticed anything untoward regarding the child's
hearing, no further attempt would be made to test the child until he or she
had become more used to school life and had developed more self-confidence.

At the time of testing, the infant school population was 5,162.
As with the Junior Schools' Survey, several visits to each school were
necessary in order to combat the absentee problem.

The following table summarises the number of children tested at first visits, the number of absentees tested by subsequent visiting, the number of children who have yet to be tested (i.e. the unco-operative children referred to above, plus those absentees who have not yet been contacted), and the failure rate on first testing with the "whisper test".

No. tested on initial visits	No. of absentees subsequently seen	*No. of children not yet tested	Total tested	Failures on test	% of Failures
4,392	585	185	4,977	183	3.68

* Includes children who were unco-operative as well as absentees not yet contacted.

It will be seen from the table that over 96% of all children in infants' schools were tested and of these 183 (3.68% failed the test. This result is similar to that obtained when the Junior Schools' Survey was carried out last year (failures in junior schools = 3.56%).

Of the 183 failures, 105 were found to have normal hearing on subsequent testing by pure-tone audiometry. The remainder are being followed up at varying intervals (depending on the severity of the hearing loss) at regularly held Audiology Clinics which were introduced early in 1964. Cases are referred for consultant E.N.T. opinion if the condition warrants it.

At present, two children whose hearing defect was detected by the Infants' Schools Survey have been 'earmarked' for education at the Partially Hearing Unit at Llwynypia and will commence there in September 1964. A careful watch is being made of the educational progress of several other children who attend the Audiology Clinic and the possible necessity of special education at the Partially Hearing Unit is naturally borne in mind in these cases.

Now that practically all school children in the Rhondda under the age of 12 have been screened for hearing defects, it is proposed that in future each Infants' School is visited at least once during the school year (apart from routine medical inspections) and a whisper test carried out on new entrants together with children who for some reason were not tested the previous year. It is also hoped that during the 1964/65 school year a survey will be carried out in secondary schools using audiometric "sweep" method."

(c) For the school-leaver group, an individual interview was arranged with each pupil at which a detailed questionnaire was completed by the visiting doctor. If the need for clinical examination was indicated, this was carried out at the school or at a local authority clinic.

The questionnaire used is as shown in Table III which also summarises the positive responses of all the children seen.

TABLE III

Table showing summary of affirmative responses of school-leavers examined in 1963*

	County Sec. School		County Grammar School	
	Boys	Girls	Boys	Girls
1. Has pupil suffered from any of the following illnesses				
A. (i) Tuberculosis-Pulmonary	2	2	4	1
or non Pulmonary	-	-	1	1
(ii) Pleurisy 	-	2	1	2
B. Asthma 	15	5	11	6
C. Hay Fever 	2	8	2	7
D. Any other disease of the lungs (e.g. Bronchitis)	43	47	31	24
E. Rheumatic Fever, Rheumatism or Arthritis 	14	18	7	12
F. Heart Disease 	5	5	5	3
G. Fits, Mental or Nervous Disease 	10	9	11	3
H. Rupture, Back Strain or other disabling conditions	10	6	8	1
I. Any trouble with -				
(i) Stomach, Bowels or Digestion 	16	23	16	10
(ii) Kidneys 	5	10	6	7
(iii) Other organs not mentioned above ...	12	34	15	7
J. Skin disease (e.g. Eczema)	17	18	31	22
K. Otitis Media or other ear defects 	22	33	30	22

Continued

Continued

	County Sec. School		County Grammar School	
	Boys	Girls	Boys	Girls
L. Serious Accident(s) including fractures ...	104	65	86	39
M. Surgical operations including appendicectomy	108	90	105	81
N. Any illness not listed	60	98	37	41
2. Does pupil wear glasses	58	66	77	78
3. Has pupil been receiving medical treatment during the past twelve months?	108	98	127	59
4. Does pupil ordinarily enjoy good health.	348	314	298	216
<u>SOCIAL</u>				
5. Does child smoke ...	129	35	47	12
6. Does child belong to a youth club, boys' club, etc.	209	162	138	128
Total No. of pupils interviewed	348	314	298	216

* For County Secondary School children aged 14 - 15 years; for County Grammar School children aged 15 - 16 years.

(The positive responses recorded under "N" referred in the main to a previous history of the childhood infectious diseases).

It is interesting to note that, although 31% County Secondary and 36% County Grammar pupils interviewed had received some form of medical attention in the preceding 12 months, all the children interviewed without exception said they ordinarily enjoyed good health.

Of the non-medical questions asked at the interview, the information obtained in respect of smoking habits is further analysed overleaf:

TABLE IV

Table showing smoking habits of pupils interviewed
by sex

All Schools	No. of pupils inter- viewed	No. of pupils who smoked	No. of pupils smoking stated amount per week.				
			1 -	5 -	10 -	15 -	20 -
Boys	646	176	(21%) 37	(12%) 21	(11%) 19	(13%) 23	(43%) 76
Girls	530	47	(9%) 23	(26%) 12	(21%) 10	(4%) 2	- -

(Figures in brackets refer to percentage of smokers who smoked stated amount

The recorded percentage distribution of "smokers" in all types of school in 1961, 1962 and 1963 is compared in Table V.

TABLE V

	No. of pupils interviewed			No. of pupils who "smoked"			*Percentage of total who smoked		
	1961	1962	1963	1961	1962	1963	1961	1962	1963
Boys	546	1,312	646	223	344	176	41	26	27
Girls	658	917	530	101	95	47	15	10	9

*i.e., those who smoked at least 1 per week.

In view of the difficulties of obtaining a truly accurate smoking history from school children, it would be unwise to draw any firm conclusions from the reduction in percentages of pupils who said they smoked. However, it will be most informative to see how these figures vary over the next few years.

As regards "out-of-school" activities, 46% County Grammar Boys and 60% County Secondary Boys interviewed attended some form of youth organisation, whilst 59% of the County Grammar Girls and 52% of the County Secondary Girls belonged to such organisations.

The two following tables summarise the information obtained in an enquiry into the onset of menarché in girls.

TABLE VI

Table showing distribution of age of girls at menarché.

Type of School	No. interviewed	Age at Menarché						Total with age stated	No Menarché
		10	11	12	13	14	15		
County Secondary	314	5	53	84	104	30	-	276	38
County Grammar	216	10	35	82	52	20	8	207	9
All Schools	530	15	88	166	156	50	8	483	47

TABLE VII

Table showing by type of school attended, the cumulative frequency distribution of menarché in girls interviewed, where the age at menarché was stated

Age	County Secondary			County Grammar			All Schools		
	No.	Cum. Freq.	% Cum. Freq.	No.	Cum. Freq.	% Cum. Freq.	No.	Cum. Freq.	% Cum. Freq.
10	5	5	1.8	10	10	4.8	15	15	3.1
11	53	58	21.0	35	45	21.7	88	103	21.3
12	84	142	51.5	82	127	61.4	166	269	55.7
13	104	246	89.1	52	179	86.5	156	425	88.0
14	30	276	100.0	20	199	96.1	50	475	98.3
15	-	-	-	8	207	100.0	8	483	100.0

TABLE VIII

Questions were again asked about choice of future career and the results are summarised in this Table

Type of School					
<u>County Secondary</u>	Boys	348	227		
	Girls	314	259		
<u>County Grammar</u>	Boys	298	254		
	Girls	216	159		
		Total interviewed	No. who indicated	Law	Medicine and Dental
					Academic Teaching etc.
					Nursing
					Social Science
					Commercial
					Music
					Building
					Engineering
					Hairdressing
					Factory Work
					Domestic
					Shop Assistants etc.
					Manual and Labouring
					Post Office
					Police and Forces
					Colliery
					Miscellaneous

Defective Vision

During 1963, 905 children were examined at Local Authority Refraction Clinics compared with 655 in the previous year and 451 prescriptions for glasses were issued.

Orthopaedic Service

Mrs. M. Edwards continued to be available in this service and in conjunction with the departmental medical staff and the consultant services of Mr. D.W. Rocyn Jones, a good deal of work was carried out during the year. Because of the lack of hospital physiotherapists quite a good deal of hospital practice is carried out by the Local Authority service and this is a situation which necessitates early consultation between the local hospitals and Local Authority. Table IX gives details of work done during the year.

TABLE IX

Table showing type and number of treatments carried out at Orthopaedic Clinics, 1963.

Total No. of Sessions	Total No. of Attendances	No. attending for 1st time	Disposal			No. of Treatments							
			For physio-therapy	For consultant opinion	Given advice	Massage	Electrical	U.V.L.	Exercises	Plasters	Insoles	Shoe Fittings	Other
416	2177	580	343	65	227	105	5	-	1954	69	431	247	366

Dental Treatment - Report by Mr. T. Arfon Williams, Area Dental Surgeon.

"The staffing position at the beginning of the year was two part-time officers each giving one half-day session a week. Mr. T.A. Morgan, L.D.S., R.C.S., left the service in April, but we have been fortunate to retain the services of Mr. Alun Owen, L.D.S. for one half-day session at Ynyswen.

Upon the appointment of an Area Dental Officer it was decided to concentrate the service at present in one central clinic. This involved some structural alteration and the extensive re-equipment of the clinic at Ystrad to provide suitable surgery accommodation for a Dental Surgeon and for a Dental Auxiliary working under his supervision. The Area Dental Officer together with Miss S.

Paget, the Dental Auxiliary took up their appointments on October 1st, and the re-organised service commenced with a preliminary survey of selected schools of various types and in various localities to obtain some indication of the state of dental health among the school population. A sample survey of dental hygiene habits and interest in dental health was coincidentally undertaken by Miss Paget. The results of this latter survey are shown in Table X which is self explanatory. (The infants departments visited were not questioned.)

TABLE X

Figures given are percentages of the children asked in each case who gave an affirmative answer

	Ysgol Gymraeg Ynyswen	Gelli C.P.	Summary 6 - 11 age group	Bron- llwyn C.S. Girls	Blaen- clydach C.S. Girls	Islwyn C.S. Boys	Pentre C.G.	Summary 11 - 16 age group	Over- all Sum- mary
1. Is this the first time you have been seen by any Dental Surgeon?	26	25	25	17	14	27	8	13	15
2. Do you clean your teeth after breakfast and after supper every day?	36	20	25	38	34	5	36	32	30
3. Do you clean your teeth sometimes?	62	70	69	58	56	64	58	58	60
4. Have you ever had toothache?	65	61	62	71	75	78	74	75	72

The overall figures showing inspection and treatment carried out during the year is more encouraging. From seven schools visited in October, 1,161 patients attended at the clinic for examination, diagnosis and treatment planning. 746 attended as specials making a total of 1,907, of these 1,288 actually commenced treatment before December 31st. In the last two months of the year when the clinic at Ystrad was fully operational, 273 deciduous teeth and 537 permanent teeth were restored, a total of 931 fillings being inserted. The emphasis on the restoration of the deciduous dentition is notable, being an attempt at retaining the deciduous dentition intact in order to prevent possible orthodontic abnormalities such as malocclusion of the permanent teeth when they appear.

The number of extractions of both permanent and deciduous teeth is high in comparison but bearing in mind that these figures apply to the whole of the year and not to the last two months as is the case with the figures for conservative treatment, is not too discouraging. No orthodontic or prosthetic

work has yet been undertaken, neither have any crowns or inlays been inserted as yet. It will be appreciated that the general and increasing incidence of dental disease is exacerbated by the shortage of dental surgeons both in the general dental service and particularly in the local authority service. The need for treatment is far greater than the present establishment's ability to provide. In addition the real and positive need for dental health education and the preventive aspect of the service may tend to be neglected by the immense demand for treatment. However, it is hoped that a campaign of dental health education in the schools may be launched in the near future using films, posters and handouts, and I am grateful for the co-operation of the Borough Education Officer and the Head Teachers in this respect.

The other preventive measure which should be undertaken is the fluoridation of the public water supply for the benefit of this and future generations. The recruitment of assistant dental officers to the service in this area is eminently desirable, but under the present conditions of service unlikely.

I would like to add my thanks to my colleagues and the staff for their interest and co-operation."

Infectious Disease

Table XI shows numbers of notifications of various diseases amongst children during the year.

TABLE XI

Cases of Infectious Disease notified during 1963
(under 15 years)

<u>Notifiable Disease</u>	<u>Total</u>
Scarlet Fever	25
Whooping Cough	57
Acute Poliomyelitis, Paralytic	0
Acute Poliomyelitis, Non-Paralytic	0
Measles	1016
Diphtheria	0
Dysentery	158
Meningococcal Infection	0
Ophthalmia Neonatorum	0
Acute Pneumonia, Primary	14
Acute Pneumonia, Influenzal	3
Smallpox	0
Acute Encephalitis, Post Infectious	0
Acute Encephalitis, Infective	0
Enteric or Typhoid Fevers	0
Erysipelas	0
Food Poisoning	0

7. Prevention of Tuberculosis

Our programme of B.C.G. vaccination was continued during the year and Table XII summarises the work done.

TABLE XII

Table giving details of B.C.G. Vaccination in children aged 13 years and over

School or Further Education Establishment	Number of parental consents requested	Accepted B.C.G.		Mantoux Test			Number given B.C.
		No.	%	No. tested	No. Negative	% Negative	
Blaenclydach S.B.	56	24	42.9	20	15	75.0	15
Blaenclydach S.G.	98	38	38.8	30	20	66.7	20
Bodringallt S.M.	67	39	58.2	26	18	69.2	18
Bronllwyn S.B.	58	28	48.3	21	19	90.5	19
Bronllwyn S.G.	56	38	67.9	26	20	77.0	20
Craig-yr-Eos S.B.	47	34	72.3	22	21	95.5	20
Craig-yr-Eos S.G.	58	58	100.0	41	39	95.1	38
Cymer S.M.	115	65	56.5	45	32	71.1	30
Ferndale S.B.	68	62	91.2	38	20	52.6	20
Ferndale S.G.	81	55	67.9	40	24	60.0	24
Ferndale Grammar	210	171	81.4	127	91	71.7	91
Hendrefadog S.M.	99	65	65.7	41	22	53.7	22
Llwynceilyn S.M.	59	43	72.9	30	25	83.3	23
Pentre Grammar	156	130	83.3	104	65	62.5	65
Porth County Boys	138	131	94.9	112	95	84.8	95
Porth County Girls	213	147	69.0	117	91	77.8	82
Porth Grammar Tech.	143	103	72.0	87	69	79.3	69
Tonypandy Grammar	250	186	74.4	156	128	82.1	128
Tonypandy R.C.	15	10	66.7	9	3	33.3	3
Trealaw S.M.	103	52	50.5	38	28	73.7	28
Treherbert S.B.	61	16	26.2	12	9	75.0	9
Treherbert S.G.	65	57	87.7	34	25	73.5	25
Treorchy S.M.	82	33	40.2	25	21	84.0	21
Ynyshir S.G.	37	26	70.3	16	10	62.5	8
Total	2335	1611	69.0	1217	910	74.8	893

Once again this table shows the very variable rate of acceptance of B.C. vaccination despite all efforts to encourage parents and children to participate in this scheme.

8. Handicapped Children

Children found to have physical defects which merited some special recommendation as to education were examined with a view to classification as handicapped pupils and during the year 2 deaf, 3 physically handicapped, 1 delicate, 2 maladjusted and 7 educationally subnormal pupils were so classified and referred for special education treatment at boarding schools.

Child Guidance Clinic

The fortnightly Child Guidance Clinic held at Ystrad Clinic continued to be manned by Dr. K.W. Aron, Consultant Psychiatrist. Mr. Birch, the Educational Psychologist, held his Clinic at Courthouse at weekly intervals.

During 1963, 28 new cases were seen at the Ystrad Clinic.

Hospitalised accidents in childhood

As from the 1st July, 1961, reports of hospitalised accidents in childhood have been made the subject of detailed follow-up. This enables the Health Visitors to re-emphasise the continued need for vigilance in the prevention of accidents at this age. Some of the data obtained has been tabulated in the following three tables with comparative data for 1961 and 1962.

TABLE XIII

Table showing age and sex distribution of hospitalised accidents.

Age Group Years	Male			Female			Total		
	1961	1962	1963	1961	1962	1963	1961	1962	1963
0 -	2	-	7	1	-	2	3	-	9
1 -	24	9	46	12	3	27	36	12	73
5 -	31	12	37	11	10	14	42	22	51
10 - 15	18	25	14	9	16	5	27	41	19
All Ages	75	46	104	33	29	48	108	75	152

TABLE XIV

Table showing distribution of accidents by day of occurrence

Day of Week	No. of Accidents		
	1961	1962	1963
Monday	14	7	18
Tuesday	19	8	26
Wednesday	10	12	18
Thursday	21	6	26
Friday	18	13	18
Saturday	12	15	28
Sunday	14	14	18
Total	108	75	152

TABLE XV

Table showing distribution of hospitalised
accidents by place of occurrence

A. Accident at home. - 84

(1) <u>Inside</u>		(2) <u>Outside (Garden, etc.)</u>	
a. basement	2	a. rear	15
b. ground floor	45	b. front	9
c. upper floor	13		

The injuries sustained fall into the following groups:-

a. Falls	39
b. Burns & Scalds	16
c. Others	29

B. Accidents outside home - 68

- (1) In the roadway - 48, of which 41 were due to falls
 (2) Vehicular injuries - 10, of these the association
 vehicle is shown below.

a. Motor cycle	3
b. Car	4
c. Bus	1
d. Goods vehicle	2

(3) Playground Injuries - 10

The nature of injury is shown below with
comparative data for 1961 and 1962

Nature of Injury	No. affected		
	1961	1962	1963
Fracture	56	21	30
Dislocation and Sprain ..	8	5	2
Internal Injury	4	9	5
Wounds and Lacerations ..	37	39	31
Foreign Bodies	3	1	-
TOTAL	108	75	68

STATISTICAL APPENDIXTABLE IMEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed groups ..

Entrants	658
Second Age Group	-
Third Age Group	-
Total ..	<u>658</u>

Number of other Periodic Inspections .. -

Grand Total .. 658

B. OTHER INSPECTIONS

Number of Special Inspections 4734

Number of Special Inspections 498

Total .. 5232

C. PUPILS FOUND TO REQUIRE TREATMENT

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (Excluding Dental Disease and Infestation with Vermin).

Age Groups Inspected (1)	For Defective Vision (excluding squint) (2)	For any of the other conditions recorded in Table III (3)	Total Individual pupils (4)
Entrants	2	204	204
Second Age Group	-	-	-
Third Age Group	-	-	-
Total	2	204	204
Additional Periodic Inspections	-	-	-
Grand Total	2	204	204

D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS
INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	658	658	100.0	-	-
Second Age Group	-	-	-	-	-
Third Age Group	-	-	-	-	-
Total	658	658	100.0	-	-

TABLE II

INFESTATION WITH VERMIN

- (i) Total number of individual examination of pupils
in schools by the school nurses or other autho-
rised persons 40,810
- (ii) Total number of individual pupils found to be
infested 592
- (iii) Number of individual pupils in respect of whom
cleansing notices were issued (Section 54(2)
Education Act, 1944) 7
- (iv) Number of individual pupils in respect of whom
cleansing orders were issued (Section 54(3)
Education Act, 1944) -

TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR

Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	Requiring Treatment (2)	Requiring Observation (3)	Requiring Treatment (4)	Requiring Observation (5)
Skin.	4	97	3	5
Eyes				
a. Vision	2	7	28	7
b. Squint	16	19	3	7
c. Other	1	2	-	6
Ears				
a. Hearing	1	6	-	114
b. Otitis Media	1	10	-	7
c. Other	-	2	-	-
Nose or Throat	9	125	9	25
Speech	2	7	6	5
Lymphatic Glands	-	53	-	1
Heart	-	21	-	14
Lungs	2	33	-	29
Development				
a. Hernia	-	5-	-	-
b. Other	-	5	-	-
Orthopaedic				
a. Posture	2	-	1	1
b. Feet	195	114	26	5
c. Other	8	20	8	7
Nervous System				
a. Epilepsy	1	2	-	3
b. Other	-	7	-	4
Psychological				
a. Development	-	2	-	5
b. Stability	-	2	1	-
Abdomen	-	-	-	2
Other	-	3	1	7

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

GROUP I - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of Cases known to have been treated	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	-	-
Errors of refraction (including squint)	905	360
TOTAL:	905	360
Number of pupils for whom spectacles were prescribed ..	451	-

GROUP 2 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of Cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment ..	-	-
(a) for diseases of the ear ..	-	-
(b) for adenoids and chronic tonsillitis	-	58
(c) for other nose and throat conditions	-	36
Received other forms of treatment	-	-
TOTAL:	-	94

GROUP 3 - ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments.	531	

GROUP 4 - CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

	Number of Cases Treated	
	By the Authority	Otherwise
Pupils treated		
(a) Under Child Guidance arrangements	28	-
(b) Under Speech Therapy arrangements	..	-
TOTAL:	28	-

GROUP 5 - OTHER TREATMENT GIVEN

	Number of Cases Treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments ..	-	30
(b) Other		
1. Genito Urinary system ..	-	33
2. Digestive System	..	135
3. Infections	..	4
4. Epilepsy	-	14
5. Other Medical Conditions	-	994
6. Accidents	-	100
7. Minor Surgical Conditions	-	25
TOTAL:	..	1335

TABLE VDENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:									
(a)	At periodic school inspections	..	..	..	..	..	..	..	1,161
(b)	Specials	..	..	..	..	..	..	..	746
								Total	<u>1,907</u>
(2) Number found to require treatment 1,819									
(3) Number offered treatment 1,546									
(4) Number actually treated 1,238									
(5) Attendances made by pupils for treatment <u>2,132</u>									
(6) Half days devoted to:									
	(i) Periodic School Inspection	..	..	..	..	..	..	..	16
	(ii) Treatment	..	..	..	..	..	..	..	231
								Total (6)	<u>247</u>
(7) Fillings:									
	(i) Permanent Teeth	..	..	..	..	..	..	..	628
	(ii) Temporary Teeth	..	..	..	..	..	..	..	303
								Total (7)	<u>931</u>
(8) Number of teeth filled									
	(i) Permanent Teeth	..	..	..	..	..	..	..	537
	(ii) Temporary Teeth	..	..	..	..	..	..	..	273
								Total (8)	<u>810</u>
(9) Extractions:									
	(i) Permanent Teeth	..	..	..	..	..	..	..	738
	(ii) Temporary Teeth	..	..	..	..	..	..	..	1,423
								Total (9)	<u>2,161</u>
(10) Administration of general anaesthetics for extraction -									
(II) Orthodontics									
(a)	Cases commenced during year	..	..	..	..	..	..	..	-
(b)	Cases carried forward from previous year	..	..	..	..	..	..	..	-
(c)	Cases completed during year	..	..	..	..	..	..	..	-
(d)	Cases discontinued during the year	..	..	..	..	..	..	..	-
(e)	Pupils treated with appliances	..	..	..	..	..	..	..	-
(f)	Removable appliances fitted	..	..	..	..	..	..	..	-
(g)	Fixed appliances fitted	..	..	..	..	..	..	..	-
(h)	Total attendances	..	..	..	..	..	..	..	-
(12) No. of pupils supplied with artificial teeth -									
(13) Other operations									
	(i) Crowns	..	..	..	..	..	..	..	-
	(ii) Inlays	..	..	..	..	..	..	..	-
	(iii) Other treatment	..	..	..	..	..	..	..	19
								Total (13)	<u>19</u>

TABLE VI

HANDICAPPED PUPILS NEEDING SPECIAL EDUCATIONAL TREATMENT
AT SPECIAL SCHOOLS OR BOARDING HOMES

Category of Handicap	Ascertained during year	Placed during year	No. at Special Schools or Boarding Homes	No. awaiting places at Special Schools or Boarding Homes
A. Blind	-	-	7	-
B. Partially Sighted	-	-	6	-
C. Deaf	2	2	5	1
D. Partially Hearing	-	-	3	-
E. Physically Handicapped	3	1	12	3
F. Delicate	1	-	2	-
G. Maladjusted	2	1	2	2
H. Educationally Subnormal	7	4	10	12
I. Epileptic	-	-	-	-
J. Speech Defects	-	-	-	-
TOTAL:	15	8	47	18

